

RCRA/ACT 64 INSPECTION REPORT

I.D. Number (U.S. EPA or Michigan) M 1 D 0 9 9 1 2 4 2 9 9

FACILITY NAME

Stanley works - Stanley Tools Div

Mailing Address

425 Frank St

Fowlerville
City

Michigan

Zip Code

DATE 8-23-91

TIME (from) 8:45 AM (to) 10:00 AM

PERSON(S) INTERVIEWED

TITLE

TELEPHONE #

William J. Guercera Corp Env. Spl. 203-827-3802

John Chaperson Pinkerton Guard

INSPECTOR(S)

AGENCY

TELEPHONE #

Leroy Valovick Mich DNR 517 322-6313

Primary Business of this Facility: This facility is closed.

Has not been operated for several years.

No hazardous waste or empty activity at
this site.

Reason for Inspection:

☒ Routine

☐ Follow-up

☐ Complaint

RCRA/Act 64 Inspection Report

Based upon the inspection, this facility:

FORM

☒ does not generate any hazardous waste

☐ conditionally exempt small quantity generator E

☐ small quantity generator inspection form - - - - - -A

☐ generator inspection form B

☐ tank(s) system inspection form - - - - - -B1

☐ transporter inspection form C

PERMITTED TSDF

☐ treatment/storage/disposal facility (Subpart A-E & I) - - - - -D

☐ generator appendix inspection form D1

☐ tank system inspection form (Subpart J) - - - - -D2

☐ surface impoundments inspection form (Subpart K) D3

☐ waste piles inspection form (Subpart L) - - - - -D4

☐ land treatment inspection form (Subpart M) D5

☐ landfill inspection form (Subpart N) - - - - -D6

☐ incineration inspection form (Subpart O) D7

☐ miscellaneous units inspection form (Subpart X) - - - - -D8

INTERIM STATUS TSDF

☒ treatment/storage/disposal facility (Subpart A-E & I) - - - - -D9

☐ generator appendix inspection form D1

☐ groundwater monitoring (Subpart F) use w/ Subparts K,L,M&N D10

☐ tank system inspection form (Subpart J) - - - - -D2

☐ surface impoundments inspection form (Subpart K) D11

☐ waste piles inspection form (Subpart L) - - - - -D12

☐ land treatment inspection form (Subpart M) D13

☐ landfills inspection form (Subpart N) - - - - -D14

☐ incineration & thermal treatment inspection form (Subpart O&P) D15

☐ chemical, physical & biological treatment form (Subpart Q) - - -D16

COMMENTS:

INTERIM TREATMENT/STORAGE/DISPOSAL FACILITY
INSPECTION FORM

Facility's Name Stanley works - Stanley Tools Div

INSPECTION FORM D9

Date 8-23-91 I.D. # MID 089 124 299

Part 6 Rules

P.A. 64 of 1979

This facility, in addition being a treatment, storage &/or disposal facility:

☐ Generates Hazardous Waste (also use Form D1)

☐ Transports Hazardous Waste (also use Form C)

This facility:

☐ Accepts waste from off-site sources

☐ Handles only its own waste

If applicable, hazardous waste is stored in:

☐ Container(s) (drums, totes, roll-off boxes, etc)

Approx. # of unit

☐ Tank(s) (also use Form D2)

☐ Waste pile(s) (also use Form D12)

☐ Surface Impoundment(s) (also use Form D11)

☐ Other

If applicable, hazardous wastes are treated in:

☐ Surface Impoundment(s) (also use Form D11)

☐ Waste pile(s) (also use Form D12)

☐ Land treatment (also use Form D13)

☐ Incinerator (also use Form D15)

☐ Aboveground tank(s) (also use Form D2)

☐ Underground tank(s) (also use Form D2)

☐ Container(s)

☐ Other

☐ Thermal treatment (also use Form D15)

☐ Chemical, physical & biological treatment (also use Form D16)

If applicable, hazardous waste are disposed in:

☐ Surface Impoundment(s) (also use Form D11)

☐ Land treatment (also use Form D13)

☐ Landfill (also use Form D14)

☐ Incinerator (also use Form D15)

WASTE STREAM(S)

HAZARDOUS WASTE #

CODE/NAME

SOURCE

TYPE OF

STORAGE

HOW MUCH/

TIME PERIOD

No waste generated

HAZARDOUS WASTE #
CODE/NAME

TYPE OF
STORAGE

HOW MUCH/
TIME PERIOD

[illegible]

YES _____

NO ☒

Comments:

[illegible]

RCRA/ACT 64 INSPECTION REPORT

U.S. EPA I.D. NUMBER M 1 D 0 9 9 1 2 X 2 9 9
(or Michigan)FACILITY NAME
(Mailing Address)Stanley works - Stanley Pool Div
425 Frank St.
Fowlerville MICHIGAN
CITY ZIP CODEDATE 1/25/89 TIME OF INSPECTION (FROM) _____ (TO) _____

PERSON(S) INTERVIEWED

Bill J. Goeryera
John Calkens

TITLE

Corp Env Specialist

TELEPHONE

203 827 2915Brenda Benben

INSPECTOR(S)

AGENCY/TITLE

TELEPHONE

Leroy Vahovic

Primary Business of this Facility: This facility is not operating.
There is ground water contamination at this site.
The Company certified it closed, However DNR has
Not accepted it.

Reason for Inspection:

☒ Routine ☐ Follow-up ☐ Complaint

INSPECTION FORMS:

FORM

Based upon the inspection, this facility:

- ☐ is a non-generator/conditionally exempt small quantity generator
☐ small quantity generator
☐ generator
☐ transporter
☒ treatment/storage/disposal facility

A
E
C
R
E
D
I
T

Date of Last Inspection _____

Attachment D

Inspection Priorities For RCRA Interim Status Financial Responsibility Requirements

265.140(c) Is this a State or Federal Facility? *No*

FINANCIAL ASSURANCE REQUIREMENTS

265.142(a) Is the written closure cost estimate available? *Yes*

265.144(a) Is the written post-closure cost estimate available? *Yes*

265.142(c) Have any revisions been made to the closure/post-closure cost estimates which increase the cost of closure/post-closure? *No*

265.142(d) Have the closure/post-closure cost estimates been revised to reflect the increased cost of closure/post-closure? *Yes*

265.142(b) Have the closure/post-closure cost estimates been updated to the current year by either recalculating the cost estimates or using an inflation factor derived from the most recent Implicit Price Deflator from the U.S. Department of Commerce?

Note: The annual Implicit Price Deflator covers the period from April 1987 to April 1988 (for example) and can be obtained from the Commerce Department Library in Chicago, (312) 353-4450.

1980 - 85.7	1984 - 108.1
1981 - 97.0	1985 - 111.7
1982 - 100.0 base year	1986 - 114.5
1983 - 103.8	1987 - 116.4

265.143 Which financial instrument(s) is used to assure closure/post-closure care costs?

Closure

Post-Closure

☐ Trust Fund *

☐ Trust Fund *

☐ Surety Bond*

☐ Surety Bond*

☐ Letter of Credit*

☐ Letter of Credit*

☐ Insurance*

☐ Insurance*

☒ Financial Test

☒ Financial Test

☐ Corporate Guarantee

☐ Corporate Guarantee

265.143(f) ☐ Combination of above*
265.145(f) Specify:

☐ Combination of above*
Specify:

265.143(g) ☐ One instrument for multiple facilities
265.145(g) specify:

☐ One instrument for multiple facilities
specify:

- 265.146 Has the owner or operator used one instrument for financial assurance of both closure and post-closure care? *Yes*
- 265.142 Does the amount of the financial assurance instrument(s) equal *Yes*
265.144 or exceed the current closure/post-closure cost estimates?
- 265.150 Has the State assumed responsibility for the facility's compliance with closure/post-closure care requirements? *No*

LIABILITY REQUIREMENTS

- 265.147(a) Does the owner or operator have coverage for sudden accidental occurrences in an amount of at least \$1 million per occurrence with an annual aggregate of at least \$2 million, exclusive of legal defense costs? *Yes*

265.147(a) What is the method of coverage?

- ☐ Insurance
- ☐ Hazardous Waste Facility Endorsement, or
- ☐ Certificate of Liability Insurance
- ☒ Financial test
- ☐ Corporate Guarantee
- ☐ Combination of financial test or corporate guarantee and insurance

- 265.147(b) Does the owner or operator of a surface impoundment, landfill, or land treatment facility which is used to manage hazardous waste have coverage for nonsudden accidental occurrences in the amount of at least \$3 million per occurrence with an annual aggregate of at least \$6 million, exclusive of legal defense costs?

265.147(b) What is the method of coverage?

- ☐ Insurance
- ☐ Hazardous Waste Facility Liability Endorsement, or
- ☐ Certificate of Liability Insurance
- ☒ Financial test
- ☐ Corporate guarantee
- ☐ Combination of financial test or corporate guarantee and insurance

265.147(e) After receiving final closure certifications from the owner or operator and an independent registered professional engineer, has the Director notified the owner or operator in writing that the owner or operator is no longer required to maintain liability coverage? *N/A*

265.150 Has the State assumed responsibility for the owner's or operator's compliance with the liability requirements for sudden and/or nonsudden accidental occurrences? *No*

Depending on the division of responsibility between the district offices and the central office in Lansing, the following may apply to a CEI inspection:

265.143 Does the wording of all financial instrument(s) match that *No*
 265.145 in 264.151 and identify the Director of MDNR rather than the U.S. EPA Regional Administrator?

265.143(a) Are the closure/post-closure cost estimates calculated according to *?*
 265.145(a) Federal and State requirements?

265.143 Have the procedures regarding the financial instrument(s) been
 265.145 followed?

TREATMENT, DISPOSAL AND STORAGE FACILITY
WITH ONE OR MORE OF THE FOLLOWING
(CHECK THE APPROPRIATE BOXES)

- _____ Surface Impoundments - 40 CFR 265 Subpart K
- _____ Waste Piles - 40 CFR 265, Subpart L
- _____ Land Treatment - 40 CFR 265, Subpart M
- _____ Landfills - 40 CFR 265, Subpart N
- _____ Incineration and Thermal Treatment - 40 CFR 265
Subpart O and P
- _____ Chemical, Physical and Biological Treatment - 40 CFR 265
Subpart Q.
- ✓ _____ Groundwater Monitoring 40 CFR 265 Subpart F, to be
completed if 40 CFR 265 Subparts K, L, M and N are used

SURFACE IMPOUNDMENTS (Part 265, Subpart K)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation Class</u>
<i>For surface impoundments operated by State</i>				
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? 265.222	_____	_____	✓	I
2. Do earthen dikes have protective covers? 265.223	_____	_____	_____	I
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? 265.225	_____	_____	_____	I
4. Is the freeboard level inspected at least daily? 265.226(1)	_____	_____	_____	II
5. Are the dikes inspected weekly for evidence of leaks or deterioration? 265.226(2)	_____	_____	_____	II
6. Are reactive and ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.229	_____	_____	_____	I
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.230	_____	_____	_____	I

Comments: _____

WASTE PILES (40 CFR Part 265, Subpart L)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation</u> <u>Class</u>
1. Are waste piles covered or protected from dispersal by wind? 265.251	—	—	—	I
2. Is each in-coming movement of waste analyzed before being added to the waste pile? 265.252	—	—	—	I
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.253? 265.253	—	—	—	I
4. Are reactive and ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.256	—	—	—	I
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react? 265.256	—	—	—	I
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257 (a)	—	—	—	I
7. Are piles of incompatible waste protected by barriers or distance from other waste? 265.257(b)	—	—	—	I

Comments: _____

GROUNDWATER MONITORING (Part 265 Subpart F)
Rule 612 of Act 64

	Yes No N/A	Violation Class
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Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

1. Has the owner or operator of the facility implemented a groundwater monitoring system? (Site assessment) ✓ I

Comments: EPA Region V and The Stanley Works have come to an agreement on the terms of the Consent order which was fully executed and has been in effect since Sept 6, 1981. The monitoring is being carried out as prescribed in this agreement.

If "no", skip to number 11.

2. Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in 265.909(d)? ✓ I

Comments:

If "yes", skip to number 12.
If "no", continue.

3. Does the groundwater monitoring system meet the following requirements of 265.91:

- a.) At least one well installed hydraulically up-gradient from the limit of the waste management area?

<u>✓</u>	<u> </u>	<u> </u>	<u>N/A</u>
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Indicate the total number of up-gradient wells. 3

GROUNDWATER MONITORING (Part 265 Subpart F)
Rule 612 of Act 64

Violation
Class

Yes

No

N/A

- b.) At least three wells installed hydraulically down-gradient at the limit of the waste management area?

N/A

Indicate the total number of down-gradient wells. 4

- c.) Are the number, locations, and depths of all wells sufficient to yield groundwater samples that are representative of groundwater under the facility?

N/A

Sketch the locations of the wells relative to the waste management area.

see attachment

- d.) Are the monitoring wells constructed in accordance with 265.91(c) (e.g. properly cased, screened, etc.)?

N/A

Comments:

4. Has the owner or operator developed a written groundwater sampling and analysis plan that includes procedures and techniques for: 265.92

yes

GROUNDWATER MONITORING (Part 265 Subpart F)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation Class</u>
a.) Sample collection?	<u>✓</u>	<u> </u>	<u> </u>	<u>N/A</u>
b.) Sample preservation and shipment?	<u>✓</u>	<u> </u>	<u> </u>	<u>N/A</u>
c.) Analytical procedures?	<u>✓</u>	<u> </u>	<u> </u>	<u>N/A</u>
d.) Chain of custody control?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
5. Does the owner or operator follow his groundwater sampling and analysis plan?	<u>✓</u>	<u> </u>	<u> </u>	<u>N/A</u>

Comments: _____

6. Is the groundwater sampling and analysis plan maintained at the facility?	<u>closed</u>	<u> </u>	<u> </u>	<u>N/A</u>
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Comments: _____

7. Has the owner or operator determined the concentration or value of all the groundwater monitoring parameters listed in 265.92(b) in accordance with paragraphs c and d of 265.92?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>
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Comments: _____

GROUNDWATER MONITORING (Part 265 Subpart F)
Rule 612 of 64

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation Class</u>
8. Has the owner or operator developed an <u>outline</u> of a comprehensive groundwater quality assessment program that is capable of determining: 265.93	✓			
a.) Whether hazardous waste or hazardous waste constituents have entered the groundwater?	✓			N/A
b.) The rate and extent of migration of hazardous waste or hazardous waste constituents in the groundwater?	✓			N/A
c.) The concentration of hazardous waste or hazardous waste constituents in the groundwater.	✓			N/A

Comments: _____

9. Has the owner or operator performed a statistical analysis of groundwater monitoring data as required in 265.93(b)?	<i>This information is evaluated by our geologist</i> _____	N/A
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10. Was there a statistically significant increase (or pH decrease) detected in any well?

a.) If "yes", has the owner or operator responded in accordance with the procedures prescribed in 265.93 paragraphs c through f?

_____ ✓ _____ N/A

Skip to number 14.

GROUNDWATER MONITORING (Part 265 Subpart F)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation Class</u>
Comments: _____				

11. Has the owner or operator prepared a written groundwater monitoring waiver demonstration for the facility? Inspectors should request a copy of the waiver document.	_____	_____	✓ _____	N/A _____
a.) If yes, was the waiver demonstration maintained at the facility?	_____	_____	_____	N/A _____
b.) If yes, has the waiver demonstration been certified by a qualified geologist or geotechnical engineer?	_____	_____	_____	N/A _____
c.) If yes, skip questions 12, 13, and 14.	_____	_____	_____	N/A _____

Comments: _____				

12. Has the owner or operator submitted an alternate groundwater monitoring system to the Regional Administrator? If the plan for an alternate groundwater monitoring system was not submitted to the Regional Administrator the inspector should request a copy for review.	_____	_____	✓ _____	N/A _____
a.) If yes, has the plan been certified by a qualified geologist or geotechnical engineer?	_____	_____	_____	N/A _____

GROUNDWATER MONITORING (Part 265 Subpart F)
Rule 612 of Act 64

<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation</u> <u>Class</u>
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Comments: _____

13. Does the alternate groundwater monitoring plan address the requirements of 265.90(d)?	_____	_____	<input checked="" type="checkbox"/> N/A	_____
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Comments: _____

14. Does the owner or operator submit reports and maintain records as required in 265.94?	<input checked="" type="checkbox"/>	_____	N/A	_____
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Comments: _____

RCRA Inspection Report

EPA Identification Number: M I D 0 9 9 1 2 4 2 9 9Installation Name: Stanley ToolsLocation Address: 425 Frank St.City: Fowlerville State: Mich 48836Date of inspection: 9/16/86 Time of inspection (from) 1:30p (to) 2:00p

Person(s) interviewed	Title	Telephone
<u>[redacted]</u>		

Inspector(s)	Agency/Title	Telephone
<u>Larry Warkovich</u>	<u>MDNR Env Quality Analyst</u>	<u>517-322-1300</u>

Installation Activity (mark only one box)Inspection Form(s)

- | | |
|---|------|
| <input checked="" type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation) | A |
| <input type="checkbox"/> Generation and Transportation | B, C |
| <input type="checkbox"/> Generation only | B |
| <input type="checkbox"/> Transportation only | C |

This facility is no longer in operation.
The site is fenced with security guards on duty
24 hr per day.
unable to conduct a site inspection.

RCRA Inspection Report

EPA Identification Number: M 1 0 0 9 9 1 2 4 2 9 9

Installation Name: Stanley Tools Div of The Stanley Works

Location Address: 425 Frank St. 48836

City: Fond du Lac State: Mich

Date of inspection: 8/16/85 Time of inspection (from) 12:30 p (to) 3:15 p

Person(s) interviewed	Title	Telephone
<u>AM STOCK</u>	<u>Mgr Plant Eng + Env Control</u>	<u>517 223 9154</u>
<u>Mores Basaly</u>	<u>Chemist</u>	

Inspector(s)	Agency/Title	Telephone
<u>Leroy Dabovich</u>	<u>Mich DNR Water Quality Sp1</u>	<u>517-322-1637</u>

Installation Activity (mark only one box) Inspection Form(s)

- ☒ ~~Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation~~ A
- ☐ Treatment/Storage/Disposal (no generation or Transportation) A
- ☐ Generation and Transportation B, C
- ☐ Generation only B
- ☐ Transportation only C

INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3) Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input checked="" type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

YES NO NI* Remarks

1. Has the Regional Administrator been notified regarding: 265.12

a. Receipt of hazardous waste from a foreign source?

— ✓ —

b. Facility expansion?

— ✓ —

c. Change of owner or operator?

— ✓ —

2. General Waste Analysis: 265.13

a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?

✓ — —

b. Does the owner or operator have a detailed waste analysis plan on file at the facility?

✓ — —

c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?

— NOT applicable —

3. Security - Do security measures include: (if applicable) 265.14

a. 24-Hour surveillance?

✓ — —

b. i. Artificial or natural barrier around facility?

✓ — —

and
ii. Controlled entry?

✓ — —

7' fence

c. Danger sign(s) at entrance?

✓ — —

4. Owner or operator inspections: 265.15

a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?

✓ — —

*Not Inspected

4/82-A

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>NOT APPLICABLE</u>
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No smoking signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>NOT APPLICABLE</u>
c. Separation and protection from ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>" "</u>

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation
of Facility: 265.31

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

YES NO NI Remarks

_____ ☒ _____ _____

2. If required, does the facility
have the following equipment: 265.32

a. Internal communications or
alarm systems?

_____ ☒ Fire _____

b. Telephone or 2-way radios
at the scene of operations?

_____ ☒ phone in nearby building _____

c. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

_____ ☒ _____ _____

Indicate the volume of water and/or foam available for fire control:

CITY water & 10" well (private) _____

3. Testing and Maintenance of
Emergency Equipment: 265.33

a. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

_____ ☒ _____ _____

b. Is emergency equipment
maintained in operable
condition?

_____ ☒ _____ _____

4. Has owner or operator provided
immediate access to internal
alarms? (if needed) 265.34

_____ ☒ _____ _____

5. Is there adequate aisle space
for unobstructed movement?

_____ ☒ _____ _____

6. Has the owner or operator attempted
to make arrangements with local
authorities in case of an emergency
at the facility?

_____ ☒ _____ _____

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	<input checked="" type="checkbox"/>			
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	<input checked="" type="checkbox"/>			
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<input checked="" type="checkbox"/>			
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	<input checked="" type="checkbox"/>			
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	<input checked="" type="checkbox"/>			
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	<input checked="" type="checkbox"/>			

YES NO NI Remarks

3. Emergency Coordinator 265.55

a. Is the facility Emergency Coordinator identified?

☒

b. Is coordinator familiar with all aspects of site operation and emergency procedures?

☒

c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

☒

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

☒

Section F - GROUNDWATER MONITORING (Part 265 Subpart F)

Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

	YES	NO	NI	Remarks
1. Has the owner or operator of the facility implemented a groundwater monitoring system? 265.90	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If "no", Skip to number 11.

2. Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in 265.90(d)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
--	-------------------------------------	--------------------------	--------------------------	-------

If "yes", skip to number 12.

If "no", continue

3. Does the groundwater monitoring system meet the following requirements of 265.91:				
--	--	--	--	--

a. At least one well installed hydraulically up-gradient from the limit of the waste management area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
---	-------------------------------------	--------------------------	--------------------------	-------

Indicate the total number of up-gradient wells.

b. At least three wells installed hydraulically down-gradient at the limit of the waste management area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
--	-------------------------------------	--------------------------	--------------------------	-------

Indicate the total number of downgradient wells.

27

c. Are the number, locations, and depths of all wells sufficient to yield groundwater samples that are representative of groundwater under the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
--	--------------------------	--------------------------	--------------------------	-------

Stanley Tool submitted a modified Groundwater Assessment plan dated June 15, "87" to E-1A who approved it in a letter dated June 29, 87.

Sketch the locations of the wells relative to the waste management area.

	YES	NO	NI	Remarks
d. Are the monitoring wells constructed in accordance with 265.91(c) (e.g. properly cased, screened, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the owner or operator developed a written groundwater sampling and analysis plan that includes procedures and techniques for: 265.92				
a. Sample collection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Sample preservation and shipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Analytical procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Chain of custody control?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the owner or operator follow his groundwater sampling and analysis plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is the groundwater sampling and analysis plan maintained at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has the owner or operator determined the concentration or value of all the groundwater monitoring parameters of 265.92(b) in accordance with paragraphs c and d of 265.92?				does not apply - They are in the assessment mod.

YES NO NI

Remarks

8. Has the owner or operator developed an outline of a comprehensive groundwater quality assesment program that is capable of determining: 265.93

a. Whether hazardous waste or hazardous waste constituents have entered the groundwater?

NOT APPLICABLE

b. The rate and extent of migration of hazardous waste or hazardous waste constituents in the groundwater?

They went INTO ASSESSMENT
MODE LATE 1983

c. The concentration of hazardous waste or hazardous waste constituents in the groundwater?

- *9. Has the owner or operator performed a statistical analysis of his groundwater monitoring data as required in 265.93(b)?

✓ — X

- *10. Was there a statistically significant increase (or pH decrease) detected in any well?

✓ — X

a. If "yes," has the owner or operator responded in accordance with the procedures prescribed in 265.93 paragraphs c through f?

✓ — X

Skip to number 14

11. Has the owner or operator prepared a written groundwater monitoring waiver demonstration for the facility?

— — —

a. Is the waiver demonstration maintained at the facility?

— — —

b. Has the waiver demonstration been certified by a qualified geologist or geotechnical engineer?

— — —

Note: Inspectors should request a copy of the waiver document.

c. Skip questions 12, 13, and 14.

*These requirements do not take effect until the first 6 months after November 19, 1982. The latest date for compliance with these requirements is May 19, 1983.

YES NO NI

Remarks

12. Has the owner or operator submitted an alternate groundwater monitoring system to the Regional Administrator?

✓ + certified - Keck

- a. Has the plan been certified by a qualified geologist or geotechnical engineer?

✓

Note: If the plan for an alternate groundwater monitoring system was not submitted to the Regional Administrator the inspector should request a copy for review.

13. Does the alternate groundwater monitoring plan address the requirements of 265.90(d)?

✓

14. Does the owner or operator submit reports and maintain records as required in 265.94?

✓

Assessment Report submitted to EPA (date 2/27/85). DNR reviewed the report and sent comments to Region V EPA on 3/25/85. The report was inadequate. The assessment monitoring continues as required, but is still inadequate. Please refer to DNR comments on the 3/25/85 letter & Mr. Ardente from Alan Howard (DNR).

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>			
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>			
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>			
iv. estimated year of closure?	<input checked="" type="checkbox"/>			
v. schedule of closure activities?	<input checked="" type="checkbox"/>			
c. Has closure begun?	<input checked="" type="checkbox"/>			<i>Bids are out for the sludge removal at this time!</i>
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?				
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?				
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable				
BB. facility monitoring equipment				
iii. name, address, and phone number of person or office to contact during post-closure care period?				
c. Has the post-closure period begun?				
d. Is the written post-closure cost estimate available? 265.144				

Applies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>NOT APPLICABLE</u>
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section J - TANKS (Part 265, Subpart J)

	YES	NO	NI	Remarks
1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192	<input checked="" type="checkbox"/>			
2. Do uncovered tanks have at least 60 cm (2 feet) of free-board, or dikes or other containment structures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do continuous feed systems have a waste-feed cutoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are required daily and weekly inspections done? 265.194	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? 265.198 Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate tanks? 265.199 (If not, the provisions of 40 CFR 265.17(b) apply.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?				

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

Section K - SURFACE IMPOUNDMENTS (Part 265, Subpart K)

	YES	NO	NI	Remarks
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? 265.222	<input checked="" type="checkbox"/>			
2. Do earthen dikes have protective covers? 265.223	<input checked="" type="checkbox"/>			
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? 265.225				<i>Not Applicable</i>
4. Is the freeboard level inspected at least daily? 265.226	<input checked="" type="checkbox"/>			
5. Are the dikes inspected weekly for evidence of leaks or deterioration?	<input checked="" type="checkbox"/>			
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.229				<i>Not Applicable</i>
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.230			<i>11</i>	<i>11</i>

Section L - WASTE PILES (40 CFR Part 265, Subpart L)

	YES	NO	NI	Remarks
1. Are waste piles covered or protected from dispersal by wind? 265.251	_____	<input checked="" type="checkbox"/>	_____	_____
2. Is each in-coming movement of waste analyzed before being added to the waste pile? 265.252	_____	_____	_____	_____
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.253? 265.253	_____	_____	_____	_____
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.256	_____	_____	_____	_____
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?	_____	_____	_____	_____
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257	_____	_____	_____	_____
7. Are piles of incompatible waste protected by barriers or distance from other waste?	_____	_____	_____	_____

Section M - LAND TREATMENT (Part 265, Subpart M)

	YES	NO	NI	Remarks
1. Is treated hazardous waste capable of biological or chemical degradation? 265.272		<input checked="" type="checkbox"/>		
2. Are run-off and run-on diverted from the facility or collected				
3. Is waste analyzed according to 265.273?				
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?				
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? 265.278				
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?				
7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility? 265.279				
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.) 265.281				
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies) 265.282				

Section N - LANDFILLS (Part 265, Subpart N)

	YES	NO	NI	Remarks
1. General Operating Requirements 265.302 Does the facility provide the following:				
a. Diversion of run-on away from active portions of the fill?	<input checked="" type="checkbox"/>			
b. Collection of run-off from active portions of the fill?				
c. Is collected run off treated?				
d. Control of wind dispersal of hazardous waste?				
2. Surveying and Recordkeeping 265.309 Does the Operating Record Include:				
a. A map showing the exact location and dimensions of each cell?				
b. The contents of each cell and the location of each hazardous waste type within each cell?				
3. Special requirements for ignitable or reactive waste. Are ignitable or reactive wastes treated so the resulting mixture is no longer ignitable or reactive? (Indicate if waste is ignitable or reactive.) 265.312				
4. Special Requirements for Incompatible Wastes. 265.313 Does the owner or operator dispose of incompatible waste in separate cells? (If not, the provisions of 40 CFR 265.17(b) apply.)				

Note: If waste is rendered non-reactive or non-ignitable see treatment requirements.
If not, the provisions of 40 CFR 265.17(b) apply.

Appendix GN

Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>8</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. <u>None</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>None</u>				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have more than 90 days elapsed since the date inspected in (a)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Do wastes remain in accumulation tanks for more than 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Not Applicable</u>
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

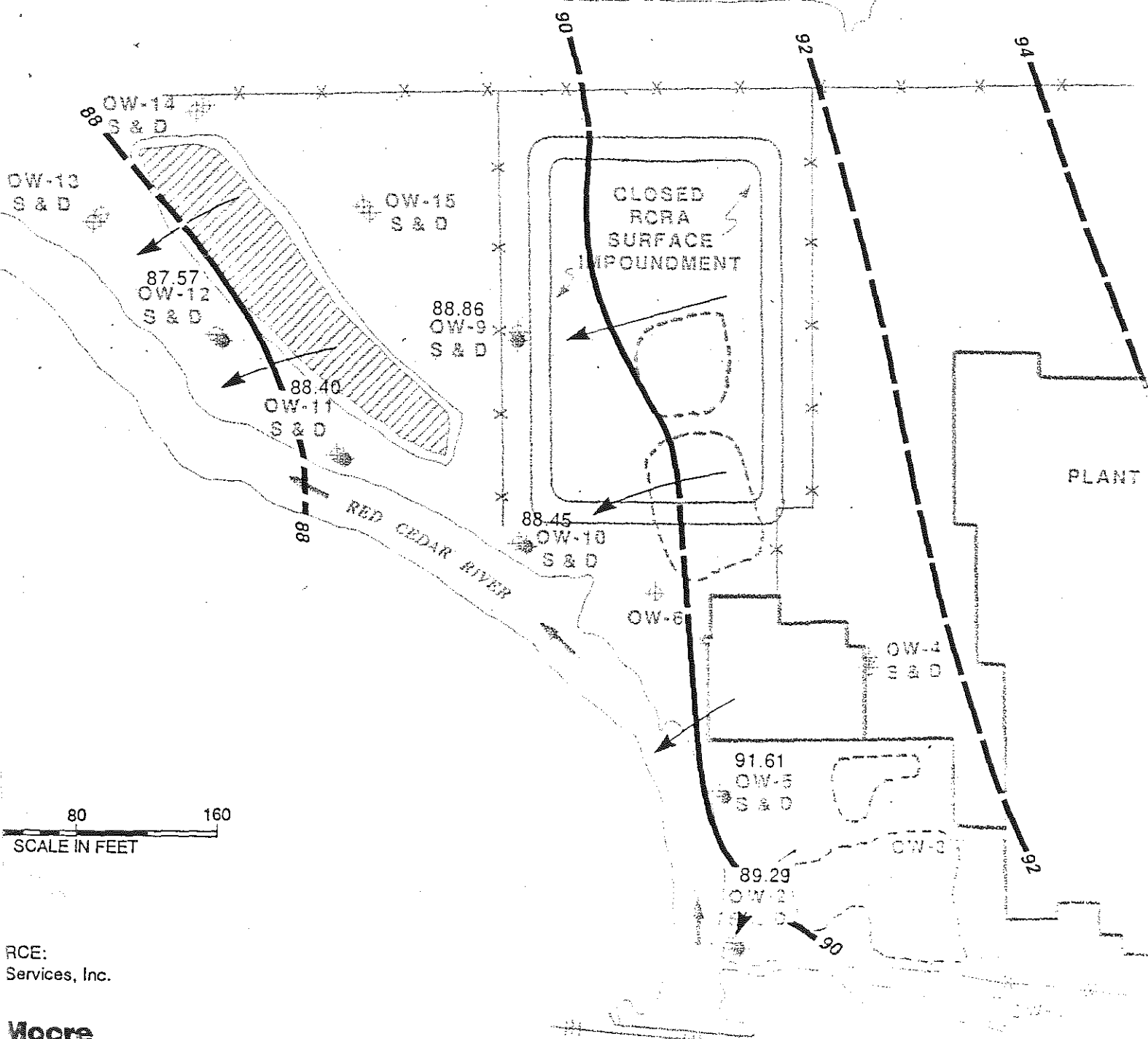
	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

OW-18

OW-17
S & D



RCE:
Services, Inc.

Moore

RCRA Inspection Report

EPA Identification Number: M I D 0 9 9 1 2 4 2 9 9

Installation Name: Stanley Tools

Location Address: 425 Frank Street

City: Folsomville State: Mich 48836

Date of inspection: 9/25/84 Time of inspection (from) 9:45A (to) 12:00N

Person(s) interviewed	Title	Telephone
<u>Rexa Rejael</u>	<u>Chemist</u>	<u>517-223-9154</u>
<u>Albert M. Stock</u>	<u>Mgr. of Plt. Eng & Environmental Control</u>	

Inspector(s)	Agency/Title	Telephone
<u>Leroy Wabnick</u>	<u>Mich DNR Water Quality Div</u>	<u>517-712 1687</u>

Installation Activity (mark only one box)

Inspection Form(s)

- | | |
|--|------|
| <input checked="" type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation) | A |
| <input type="checkbox"/> Generation and Transportation | B, C |
| <input type="checkbox"/> Generation only | B |
| <input type="checkbox"/> Transportation only | C |

INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendices.

Permit application process(es) (EPA Form 3510-3) Inspection Form A section(s)

S01	<input type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input checked="" type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?			<input checked="" type="checkbox"/>	
b. Facility expansion?		<input checked="" type="checkbox"/>		
c. Change of owner or operator?		<input checked="" type="checkbox"/>		
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>			
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>			
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?			<input checked="" type="checkbox"/>	
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	<input checked="" type="checkbox"/>			
or				
b. i. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>			
and				
ii. Controlled entry?	<input checked="" type="checkbox"/>			
c. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>			
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<input checked="" type="checkbox"/>			

*Not Inspected

YES NO NI Remarks

b. Does the owner or operator have an inspection schedule at the facility?

☒ ☐ ☐ _____

c. If so, does the schedule address the inspection of the following items:

i. monitoring equipment?

☒ ☐ ☐ _____

ii. safety and emergency equipment?

☒ ☐ ☐ *Five EXT*

iii. security devices?

☒ ☐ ☐ _____

iv. operating and structural equipment (i.e. dikes, pumps, etc.)?

☒ ☐ ☐ _____

v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?

☒ ☐ ☐ _____

vi. inspection frequency (based upon the possible deterioration rate of the equipment)?

☒ ☐ ☐ _____

d. Are areas subject to spills inspected daily when in use?

☒ ☐ ☐ *process*

e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?

☒ ☐ ☐ _____

f. Does the inspection log contain the following information:

i. the date and time of the inspection?

☒ ☐ ☐ _____

ii. the name of the inspector?

☒ ☐ ☐ _____

iii. a notation of the observations made?

☒ ☐ ☐ _____

iv. the date and nature of any repairs or remedial actions?

☒ ☐ ☐ _____

5. Do personnel training records include: 265.16

a. Job titles?

☒ ☐ ☐ _____

b. Job descriptions?

☒ ☐ ☐ _____

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>No new personnel</i>
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>No. It has been over one year since the last training</i>
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. No smoking signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation
of Facility: 265.31

YES NO NI Remarks

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

☒ YES ☐ NO ☐ NI

2. If required, does the facility
have the following equipment: 265.32

a. Internal communications or
alarm systems?

☒ YES ☐ NO ☐ NI

b. Telephone or 2-way radios
at the scene of operations?

☒ YES ☐ NO ☐ NI

c. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

☒ YES ☐ NO ☐ NI *fire ext*

Indicate the volume of water and/or foam available for fire control:

Only water & foam ext

3. Testing and Maintenance of
Emergency Equipment: 265.33

a. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

*emergency equipment is also
production equipment and is
well maintained;*

b. Is emergency equipment
maintained in operable
condition?

☒ YES ☐ NO ☐ NI

4. Has owner or operator provided
immediate access to internal
alarms? (if needed) 265.34

☒ YES ☐ NO ☐ NI

5. Is there adequate aisle space
for unobstructed movement?

☒ YES ☐ NO ☐ NI

6. Has the owner or operator attempted
to make arrangements with local
authorities in case of an emergency
at the facility?

☒ YES ☐ NO ☐ NI

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

YES NO NI Remarks

1. Does the Contingency Plan contain the following information: 265.52

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)

✓

b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

✓

c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?

✓

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?

✓

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

✓

2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53

✓

	YES	NO	NI	Remarks
3. Emergency Coordinator 265.55				
a. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

Non have occurred.

Section F - GROUNDWATER MONITORING (Part 265 Subpart F)

Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

	YES	NO	NI	Remarks
1. Has the owner or operator of the facility implemented a groundwater monitoring system? 265.90	<input checked="" type="checkbox"/>			
If "no", Skip to number 11.				
2. Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in 265.90(d)?				
If "yes", skip to number 12. If "no", continue				
3. Does the groundwater monitoring system meet the following requirements of 265.91:				
a. At least one well installed hydraulically up-gradient from the limit of the waste management area?				
Indicate the total number of up-gradient wells.				
b. At least three wells installed hydraulically down-gradient at the limit of the waste management area?				
Indicate the total number of downgradient wells.				
c. Are the number, locations, and depths of all wells sufficient to yield groundwater samples that are representative of groundwater under the facility?				

Sketch the locations of the wells relative to the waste management area.

	YES	NO	NI	Remarks
d. Are the monitoring wells constructed in accordance with 265.91(c) (e.g. properly cased, screened, etc.)?				our geology unit is monitoring this study.
4. Has the owner or operator developed a written ground-water sampling and analysis plan that includes procedures and techniques for: 265.92				
a. Sample collection?				
b. Sample preservation and shipment?				
c. Analytical procedures?				
d. Chain of custody control?				
5. Does the owner or operator follow his groundwater sampling and analysis plan?				
6. Is the groundwater sampling and analysis plan maintained at the facility?				
7. Has the owner or operator determined the concentration or value of all the groundwater monitoring parameters of 265.92(b) in accordance with paragraphs c and d of 265.92?				

8. Has the owner or operator developed an outline of a comprehensive groundwater quality assesment program that is capable of determining: 265.93

a. Whether hazardous waste or hazardous waste constituents have entered the groundwater? ✓

b. The rate and extent of migration of hazardous waste or hazardous waste constituents in the groundwater? _____

c. The concentration of hazardous waste or hazardous waste constituents in the groundwater? _____

Heck is working on this (Corrosion?)

*9. Has the owner or operator performed a statistical analysis of his groundwater monitoring data as required in 265.93(b)? _____ X

*10. Was there a statistically significant increase (or pH decrease) detected in any well? _____ X

a. If "yes," has the owner or operator responded in accordance with the procedures prescribed in 265.93 paragraphs c through f? _____ X

Skip to number 14

11. Has the owner or operator prepared a written groundwater monitoring waiver demonstration for the facility? _____

a. Is the waiver demonstration maintained at the facility? _____

b. Has the waiver demonstration been certified by a qualified geologist or geotechnical engineer? _____

Note: Inspectors should request a copy of the waiver document.

c. Skip questions 12, 13, and 14.

*These requirements do not take effect until the first 6 months after November 19, 1982. The latest date for compliance with these requirements is May 19, 1983.

Section G - OSURE AND POST CLOSURE (Part 2 Subpart G)

	YES	NO	NI	Remarks
Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>			
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>			
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>			
iv. estimated year of closure?	<input checked="" type="checkbox"/>			
v. schedule of closure activities?	<input checked="" type="checkbox"/>			
c. Has closure begun?	<input checked="" type="checkbox"/>			
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?			<i>N/A</i>	
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?				
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable				
BB. facility monitoring equipment				
iii. name, address, and phone number of person or office to contact during post-closure care period?				
c. Has the post-closure period begun?				
d. Is the written post-closure cost estimate available? 265.144				

*Applies only to disposal facilities.

Section I - USE ID MANGEMENT OF CONTAINERS (Par 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>	

Section K - SURFACE IMPOUNDMENTS (Part 265, Subpart K)

	YES	NO	NI	Remarks
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? 265.222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do earthen dikes have protective covers? 265.223	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRAGILE OR SOIL
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? 265.225	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Is the freeboard level inspected at least daily? 265.226	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the dikes inspected weekly for evidence of leaks or deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.229	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.230	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30				
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32				
3. If required, are placards available to transporters of hazardous waste? 262.33				
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<input checked="" type="checkbox"/>			
b. Have more than 90 days elapsed since the date inspected in (a)?		<input checked="" type="checkbox"/>		
c. Do wastes remain in accumulation tanks for more than 90 days?		<input checked="" type="checkbox"/>		
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input checked="" type="checkbox"/>			

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>			

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input checked="" type="checkbox"/>			
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

Stanley Tools
Fowlerville

MID099124299

Mike Stock
William J. Guerrero
Reza Rejai
George Henry (Keck)

9-15-83

David Slayton (MONR)

APPENDIX - A

COMPLIANCE CHECKLIST FORMS

APPENDIX A-1

FACILITY INSPECTION FORM FOR COMPLIANCE WITH INTERIM STATUS STANDARDS COVERING GROUND-WATER MONITORING

Company Name: Stanley Tools Div. ; EPA I.D. Number: _____

Company Address: 425 Frank St. ; Inspector's Name: David Clayton

Fowlerville, MI 48836

Company Contact/Official: Mike Stock ; Branch/Organization: _____

Title: Manager of Plant Engineering and Environmental Control ; Date of Inspection: 9-15-83

Type of facility: (check appropriately)	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Waived</u>
a) surface impoundment	<u>✓</u>	_____		
b) landfill	_____	_____		
c) land treatment facility	_____	_____		
d) disposal waste pile*	_____	_____		

4 in series
(settling lagoons)

Other sludge
on site from
old settling ponds,
curer + sludge
taken to
Chem. Met.

Ground-Water Monitoring Program

1. Was the ground-water monitoring program reviewed prior to site visit?
If "No",

a) Was the ground-water program reviewed at the facility prior to site inspection?

2. Has a ground-water monitoring program (capable of determining the facility's impact on the quality of groundwater in the uppermost aquifer underlying the facility) been implemented? 265.90(a)

✓

*Listed separate from landfill for convenience of identification.

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
8. Has a ground-water sampling and analysis plan been developed? 265.92(a)	<u>✓</u>	<u> </u>	<u> </u>
a) Has it been followed?	<u>✓</u>	<u> </u>	<u> </u>
b) Is the plan kept at the facility?	<u>✓</u>	<u> </u>	<u> </u>
c) Does the plan include procedures and techniques for:			
1) Sample collection?	<u>✓</u>	<u> </u>	<u> </u>
2) Sample preservation?	<u>✓</u>	<u> </u>	<u> </u>
3) Sample shipment?	<u>✓</u>	<u> </u>	<u> </u>
4) Analytical procedures?	<u>✓</u>	<u> </u>	<u> </u>
5) Chain of custody control?	<u>✓</u>	<u> </u>	<u> </u>
9. Are the required parameters in ground-water samples being tested quarterly for the first year? 265.92(b) and 265.92 (c)(1)	<u>✓</u>	<u> </u>	<u> </u>
a) Are the ground-water samples analyzed for the following:			
1) Parameters characterizing the suitability of the ground-water as a drinking water supply? 265.92(b)(1)	<u>✓</u>	<u> </u>	<u> </u>
2) Parameters establishing ground-water quality? 265.92(b)(2)	<u>✓</u>	<u> </u>	<u> </u>
3) Parameters used as indicators of ground-water contamination? 265.92(b)(3)	<u>✓</u>	<u> </u>	<u> </u>
(i) For each indicator parameter are at least four replicate measurements obtained at each upgradient well for each sample obtained during the first year of monitoring? 265.92(c)(2)	<u>✓</u>	<u> </u>	<u> </u>
(ii) Are provisions made to calculate the initial background arithmetic mean and variance of the respective parameter concentrations or values obtained from the upgradient well(s) during the first year? 265.92(c)(2)	<u>✓</u>	<u> </u>	<u> </u>
b) For facilities which have completed first year ground-water sampling and analysis requirements:			
1) Have samples been obtained and analyzed for the ground-water quality parameters at least annually? 265.92(d)(1)	<u>✓</u>	<u> </u>	<u> </u>
2) Have samples been obtained and analyzed for the indicators of ground-water contamination at least semi-annually? 265.92(d)(2)	<u>✓</u>	<u> </u>	<u> </u>

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
c) Were ground-water surface elevations determined at each monitoring well each time a sample was taken? 265.92(e)	<u>✓</u>	<u> </u>	<u> </u>
d) Were the ground-water surface elevations evaluated annually to determine whether the monitoring wells are properly placed? 265.93(f)	<u>✓</u>	<u> </u>	<u> </u>
e) If it was determined that modification of the number, location or depth of monitoring wells was necessary, was the system brought into compliance with 265.91(a)? 265.93(f)	<u>NA</u>	<u> </u>	<u> </u>
10. Has an outline of a ground-water quality assessment program been prepared? 265.93(a)*	<u>✓</u>	<u> </u>	<u> </u>
a) Does it describe a program capable of determining:			
1) Whether hazardous waste or hazardous waste constituents have entered the ground water?	<u>✓</u>	<u> </u>	<u> </u>
2) The rate and extent of migration of hazardous waste or hazardous waste constituents in ground water?	<u>✓</u>	<u> </u>	<u> </u>
3) Concentrations of hazardous waste or hazardous waste constituents in ground water?	<u>✓</u>	<u> </u>	<u> </u>
b) After the first year of monitoring, have at least four replicate measurements of each indicator parameter been obtained for samples taken for each well? 265.93(b)	<u>✓</u>	<u> </u>	<u> </u>
1) Were the results compared with the initial background means from the upgradient well(s) determined during the first year?	<u>✓</u>	<u> </u>	<u> </u>
(i) Was each well considered individually?	<u>✓</u>	<u> </u>	<u> </u>
(ii) Was the Student's t-test used (at the 0.01 level of significance)?	<u>✓</u>	<u> </u>	<u> </u>
2) Was a significant increase (or pH decrease as well) found in the:			
(i) Upgradient wells	<u> </u>	<u>✓</u>	<u> </u>
(ii) Downgradient wells	<u>✓</u>	<u> </u>	<u> </u>
If "Yes", Compliance Checklist A-2 must also be completed.	<u> </u> → all 3		

APPENDIX A-2

INSPECTION COMPLIANCE FORM FOR A FACILITY WHICH
MAY BE AFFECTING GROUND-WATER QUALITY

Company Name: Stanley Tools Div.; EPA I.D. Number: _____

Company Address: _____; Inspector's Name: _____

Company Contact/Official: _____; Branch/Organization: _____

Title: _____; Date of Inspection: 9-15-83

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
Type of facility: (Check appropriately)			
a) surface impoundment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) landfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) land treatment facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) disposal waste pile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Have comparisons of ground-water contamination indicator parameters for the upgradient well(s) 265.93(b) shown a significant increase (or pH decrease as well) over initial background?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) If "Yes", has this information been submitted to the Regional Administrator according to 265.94(a)(2)(ii)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) If "No" - this checklist is complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have comparisons of indicator parameters for the downgradient wells 265.93(b) shown a significant increase (or pH decrease as well) over initial background?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) If "Yes", were additional ground-water samples taken for those downgradient wells where the significant difference was determined? 265.93(c)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Were samples split in two?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Was the significant difference due to human (e.g., laboratory) error? (If "Yes", do not continue.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

-pH may be due to sampling technique

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
3. If significant differences were not due to error, was a written notice sent to the Regional Administrator within 7 days of confirmation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Within 15 days of notification of the Regional Administrator was a certified ground-water quality assessment plan submitted? 265.93(d)(2)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Does the plan specify 265.93(d)(3) :			
1) well information (specifics)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) locations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) depths?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) sampling methods?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) analytical methods?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) evaluation methods?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) schedule of implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Does the plan allow for determination of 265.93(d)(4) :			
1) Rate and extent of migration of hazardous waste or hazardous waste constituents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Concentrations of the hazardous waste or hazardous waste constituents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Is it indicated that the first determination was made as soon as technically feasible? 265.93(d)(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Within 15 days after the first determination was a written report containing the assessment of ground-water quality submitted to the Regional Administrator?	<u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>
d) Was it determined that hazardous waste or hazardous waste constituents from the facility have entered the ground water?	<u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>
1) If "No", was the original indicator evaluation program, required by 265.92 and 265.93(b), reinstated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Was the Regional Administrator notified of the reinstatement of program within 15 days of the determination? 265.93(d)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

} use existing wells

— yet to reach this step in the process. will start in Oct., 198



	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
e) If it was determined that hazardous waste or hazardous waste constituents have entered the ground water 265.93(d)(7) :			
1) For facilities where program was implemented prior to final closure, are determinations of hazardous waste or hazardous waste constituents continued on a quarterly basis? (If program was implemented during the post-closure care period, determinations made in accordance with the ground-water quality assessment plan may cease after the first determination.)	_____	_____	
(a) Were subsequent ground-water quality reports submitted to the Regional Administrator within 15 days of determination?	_____	_____	
2) Were records kept of the analyses and evaluations, specified in the ground-water quality assessment (throughout the active life of the facility)? 265.94(b)(1)	_____	_____	
(a) If a disposal facility, were(are) records kept throughout the post-closure period as well?	_____	_____	
f) Are annual reports submitted to the Regional Administrator containing the results of the ground-water quality assessment program? 265.94(b)(2)*	_____	_____	
1) Do the reports include the calculated or measured rate of migration of hazardous waste or hazardous waste constituents during the reporting period?	_____	_____	

*See note Page 4-3

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Waive</u>
3. Has at least one monitoring well been installed in the uppermost aquifer hydraulically upgradient from the limit of the waste management area? 265.91(a)(1)	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
a) Are ground-water samples from the uppermost aquifer, representative of background ground-water quality and not affected by the facility (as ensured by proper well number, locations and depths?)	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
4. Have at least three monitoring wells been installed hydraulically downgradient at the limit of the waste handling or management area? 265.91(a)(2)	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
a) Do well number, locations and depths ensure prompt detection of any statistically significant amounts of HW or HW constituents that migrate from the waste management area to the uppermost aquifer?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
5. Have the locations of the waste management areas been verified to conform with information in the ground-water program?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
a) If the facility contains multiple waste management components, is each component adequately monitored?	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6. Do the numbers, locations, and <u>depths</u> <i>not checked</i> of the ground-water monitoring wells agree with the data in the ground-water monitoring system program? If "No", explain discrepancies.	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
7. Well completion details. 265.91(c)				
a) Are wells properly cased?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
b) Are wells screened (perforated) and packed where necessary to enable sampling at appropriate depths?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
c) Are annular spaces properly sealed to prevent contamination of ground-water?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>

some gravel packed

*Bentonite seal
at surface*

APPENDIX -B

GROUND-WATER MONITORING AND ALTERNATE SYSTEM
TECHNICAL INFORMATION FORM

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
11. Have records been kept of analyses for parameters in 265.92(c) and (d)? 265.94(a)(1)	<u>✓</u>	<u> </u>	<u> </u>
12. Have records been kept of ground-water surface elevations taken at the time of sampling for each well? 265.94(a)(1)	<u>✓</u>	<u> </u>	<u> </u>
13. Have records been kept of required elevations in 265.93(b)? 265.94(a)(1)	<u>✓</u>	<u> </u>	<u> </u>
14. Have the following been submitted to the Regional Administrator 265.94(a)(2) :*			
a) Initial background concentrations of parameters listed in 265.92(b) within 15 days after completing each quarterly analysis required during the first year?	<u>✓</u>	<u> </u>	<u> </u>
b) For each well, have any parameters whose concentrations or values have exceeded the maximum contaminant levels allowed in drinking water supplies been separately identified?	<u>✓</u>	<u> </u>	<u> </u>
c) Annual reports including:			
1) Concentrations or values of parameters used as indicators of ground-water contamination for each well along with required evaluations under 265.93(b)?	<u> </u>	<u>✓</u>	<u> </u>
2) Any significant differences from initial background values in up-gradient wells separately identified?	<u>✓</u>	<u> </u>	<u> </u>
3) Results of the evaluation of ground-water surface elevations?	<u>✓</u>	<u> </u>	<u> </u>

With "Assessment" Program

*EPA will be proposing (Spring 1982) to replace this reporting requirement with an exception reporting system where reports will be submitted only where maximum contaminant levels or significant changes in the contamination indicators or other parameters are observed. EPA has delayed compliance stage for 14 a) above until August 1, 1982 (Federal Register, February 23, 1982, p.7841-7842) to be coupled with exception reporting in the interim.

APPENDIX B

GROUND-WATER MONITORING AND ALTERNATE SYSTEM
TECHNICAL INFORMATION FORM

1.0 Background Data:

Company Name: Stanley Tools; EPA I.D.#: M1D099124299

Company Address: _____

Inspector's Name: David Clayton; Date: 9-15-83

1.1 Type of facility (check appropriately):

- 1.1.1 surface impoundment ☒
- 1.1.2 landfill ☐
- 1.1.3 land treatment facility ☐
- 1.1.4 disposal waste pile ☐

1.2 Has a ground-water monitoring system been established?

(Y/N) Y

1.2.1 Is a ground-water quality assessment program outlined or proposed?

(Y/N) Y

If Yes,

1.2.2 Was it reviewed prior to the site visit?

(Y/N) Y

1.3 Has a ground-water quality assessment program been implemented or proposed at the site?

(Y/N) Y

If yes, Appendix C, Ground-Water Quality Assessment Program Technical Information Form must be utilized also.

2.0 Regional/Facility Map(s)

2.1 Is a regional map of the area, with the facility delineated, included?

(Y/N) Y

If yes,

2.1.1 What is the origin and scale of the map? USGS Topo. Map

2.1.2 Is the surficial geology adequately illustrated?

(Y/N) N

2.1.3 Are there any significant topographic or surficial features evident?

(Y/N) Y

If yes, describe _____

2.1.4 Are there any streams, rivers, lakes, or wet lands near the facility?

(Y/N) Y

If yes, indicate approximate distances from the facility _____

Red Cedar, borders site (~60' from lagoon)

2.1.5 Are there any discharging or recharging wells near the facility?

(Y/N) Y

If yes, indicate approximate distances from the facility. _____

Facility well (300' + deep) - process water only

2.2 Is a regional hydrogeologic map of the area included? (This information may be shown on 2.1)

(Y/N) N

If yes:

2.2.1 Are major areas of recharge/dischARGE shown?

(Y/N) Y

If yes, describe. _____

2.2.2 Is the regional ground-water flow direction indicated?

(Y/N) Y toward river

2.2.3 Are the potentiometric contours logical? If not, explain. _____

(Y/N) Y

2.3 Is a facility plot plan included?

(Y/N) Y

2.3.1 Are facility components (landfill areas, impoundments, etc.) shown?

(Y/N) Y

2.3.2 Are any seeps, springs, streams, ponds, or wetlands indicated?

(Y/N) Y

- 2.3.3 Are the locations of any monitoring wells, soil borings, or test pits shown? (Y/N) Y
- 2.3.4 Is the facility a multi-component facility? (Y/N) N
- If yes:
- 2.3.4.1 Are individual components adequately monitored? (Y/N)
- 2.3.4.2 Is a Waste Management Area delineated? (Y/N)
- 2.4 Is a site water table (potentiometric) contour map included? (Y/N) Y
- If yes,
- 2.4.1 Do the potentiometric contours appear logical based on topography and presented data? (Consult water level data) (Y/N) Y
- 2.4.2 Are groundwater flowlines indicated? (Y/N) Y
- 2.4.3 Are static water levels shown? (Y/N) Y
- 2.2.4 May hydraulic gradients be estimated? (Y/N) Y
- 2.4.5 Is at least one monitoring well located hydraulically upgradient of the waste management area(s)? (Y/N) Y
- 2.4.6 Are at least three monitoring wells located hydraulically downgradient of the waste management area(s)? (Y/N) Y
- 2.4.7 By their location, do the upgradient wells appear capable of providing representative ambient groundwater quality data? (Y/N) Y

If no, explain. _____

3.0 Soil Boring/Test Pit Details

3.1 Were soil borings/test pits made under the supervision of a qualified professional?

(Y/N) Y

If yes,

3.1.1 Indicate the individual(s) and affiliation(s):

Mike Pickett, Tom VanDomelen

Keck Consulting Services

3.1.2 Indicate the drilling/excavating contractor, if known Keck

3.2 If soil borings/test pits were made, indicate the method(s) of drilling/excavating:

- Auger (hollow or solid stem) ☒
- Mud rotary ☐
- Air rotary ☐
- Reverse rotary ☐
- Cable tool ☐
- Jetting ☐
- Other, including excavation (explain) ☐

3.3 List the number of soil borings/test pits made at the site

3.3.1 Pre-existing

17

3.3.2 For RCRA compliance

0

3.4 Indicate borehole diameters and depths (if different diameters and depths use TABLE B-1).

3.4.1 Diameter: 6 7/8 O.D.

3.4.2 Depth: various 22'-43'

3.5 Were lithologic samples collected during drilling?

(Y/N) Y

If yes,

3.5.1 How were samples obtained? (Check method(s))

- Split spoon ☐
- Shelby tube, or similar ☐
- Rock coring ☐
- Ditch sampling ☐
- ☒ Other (explain)

grab sample

from auger flights

3.5.2 At what interval were samples collected? every 5' or
change in formation.

3.5.3 Were the deposits or rock units penetrated described? (boring logs, etc.) (Y/N) Y

3.6 If test pits were excavated at the site, describe procedures. none

4.0 Well Completion Detail

4.1 Were the wells installed under the supervision of a qualified professional? (Y/N) Y

If yes:

4.1.1 Indicate the individual and affiliation, if known Mike Pickett, Tom Van Doncken
Keck Consulting Services

4.1.2 Indicate the well construction contractor, if known Keck

4.2 List the number of wells at the site

4.2.1 Pre-existing 29

4.2.2 For RCRA Compliance 0

4.3 Well construction information (fill out INFORMATION TABLE B-2)

4.3.1 If PVC well screen or casing is used, are joints (couplings):

- Glued on
- Screwed on

4.3.2 Are well screens sand/gravel packed? (Y/N) Y

Some of
wells
gravel packed,
not all

INFORMATION TABLE B-1

BORING NO.	DEPTH	DIAMETER
B-1A	22' (hit rock)	6 5/8" O.D
B-1B	33'	↓
B-2	33'	
B-3	33'	
B-4	33'	
B-5	33'	
B-6	28'	
B-7	28'	
B-8	33'	
B-9	28'	
B-10	23'	
B-11	38'	
B-12	43'	
B-13	33'	
B-14	38'	
B-15	28'	
B-16	24'	
B-17	33'	✓

4.3.3 Are annular spaces sealed?

(Y/N) Y

If yes, describe:

- bentonite slurry
- Cement grout
- Other (explain)

Bentonite 0-3', 0-5'

from surface

- Thicknesses of seals 3-5'

4.3.4 If "open hole" wells, are the cased portions sealed in place? (Y/N) _____

If yes, describe how: NA

4.3.5 Are there cement surface seals?

(Y/N) N

If yes,

- How thick? _____

4.3.6 Are the wells capped?

(Y/N) Some of them

If yes,

- Do they lock?

(Y/N) N

4.3.7 Are protective standpipes cemented in place?

(Y/N) N

4.3.8 Were wells developed?

(Y/N) Y

If yes, check appropriate method(s):

- Air lift pumping
- Pumping and surging
- Jetting
- Bailing
- Other (explain)

_____ ✓

_____ also possibly

air lift as much as possible given low volume of water

5.0 Aquifer Characterization

5.1 Has the extent of the uppermost saturated zone (aquifer) in the facility area been defined?

(Y/N) Y

If yes,

5.1.1 Are soil boring/test pit logs included?

(Y/N) Y

5.1.2 Are geologic cross-sections included?

(Y/N) N

L profiles of wells included

INFORMATION TABLE B-2

up gradient

down gradient

"shallow wells"

WELL NO.		#7	#5	#10	#12		
GROUND ELEVATION (Relative to Bench mark #102 = 97.78)		94.32	94.40	91.45	90.56		
TOTAL DEPTH		9.66'	9.54	8.82	8.49		
WELL CASING	TYPE MATERIAL	galvanized steel					
	DIAMETER	2"	2"	2"	2"		
	LENGTH	10'	10'	10'	10'		
	STICK-UP	2.34'	2.47'	3.18	3.51		
	TOP ELEVATION	96.66	96.87	94.63	94.07		
	BOTTOM ELEVATION	86.66	86.87	84.64	84.07		
WELL SCREEN	DEPTH TOP/BOTTOM	7.66 9.66	7.54 9.54	6.82 8.82	6.49 8.49		
	TYPE MATERIAL	stainless steel well points					
	DIAMETER	2"	2"	2"	2"		
	LENGTH	2'	2'	2'	2'		
	SLOT SIZE	7 slot	10 slot	10 slot	7 slot		
	TOP ELEVATION	86.66	86.87	84.64	84.07		
	BOTTOM ELEVATION	84.66	84.87	82.64	82.07		
OPEN HOLE OR SAND/GRAVEL PACK	DEPTH TOP/BOTTOM						
	DIAMETER						
	LENGTH						
	TOP ELEVATION						
	BOTTOM ELEVATION						

NOT FROM
MEAN SEA
LEVEL

5.3.2.2 Do the water level fluctuations alter the general ground-water gradients and flow directions?

(Y/N) Y

If yes, - when river floods, it may affect groundwater flow directions

5.3.2.3 Will the effectiveness of the wells to detect contaminants be reduced?

(Y/N) Y

Explain - if river does affect groundwater
- Rock Consulting is looking into this

5.3.2.4 Based on water level data, do any head differentials occur that may indicate a vertical flow component in the saturated zone?

(Y/N) Y

If yes, explain generally downward

5.4 Have aquifer hydraulic properties been determined?

(Y/N) Y

If yes,

5.4.1 Indicate method(s):

- Pumping tests
- Falling/constant head tests
- Laboratory tests (explain)

- constant head

5.4.2 If determined, what are the values for:

- Transmissivity
- Storage coefficient
- Leakage
- Permeability
- Porosity
- Specific capacity

✓ gpd/ft
✓ tpd/ft²

5.4.3 In cases where several tests were undertaken, were discrepancies in the results evident?

(Y/N) N

If yes, explain _____

5.4.4 Were horizontal ground-water flow velocities determined?

(Y/N) Y

If yes, indicate rate of movement clay 0.016 ft/day

sand 0.64 ft/day

5.2 Is there evidence of confining (low permeability) layers beneath the site?

(Y/N) Y

If yes,

5.2.1 Is the areal extent and continuity indicated?

(Y/N) Y

5.2.2 Is there any potential for saturated conditions (perched water) to occur above the uppermost aquifer? (Y/N) _____

zone monitored
- not an "aquifer" probably
by definition

If yes, give details: zone being monitored might
be considered perched - shallow sand

a) Should or is this perched zone being monitored?

(Y/N) Y

Explain currently the monitored zone

5.2.3 What is the lithology and texture of the uppermost saturated zone (aquifer)?

sand, some clay, silt, gravel

5.2.4 What is the saturated thickness, if indicated? maximum $\hat{=}$ 15'

usually \approx 5-10'

5.3 Were static water levels measured?

(Y/N) Y

If yes,

5.3.1 How were the water levels measured (check method(s)).

- Electric water sounder ☒
- Wetted tape ☐
- Air line ☐
- Other (explain) ☐

5.3.2 Do fluctuations in static water levels occur?

(Y/N) Y

If yes,

5.3.2.1 Are they accounted for (e.g. seasonal, tidal, etc.)?

(Y/N) Y

If yes, describe: seasonal, possibly river fluctuation

6.0 Well Performance

6.1 Are the monitoring wells screened in the uppermost aquifer? (Y/N) Y

6.1.1 Is the full saturated thickness screened? (Y/N) N

6.1.2 For single completions, are the intake areas in the:
(check appropriate levels)

- Upper portion of the aquifer
- Middle of the aquifer
- Lower portion of the aquifer

✓ ✓ } some gravel packed

6.1.3 For well clusters, are the intake areas open to different portions of the aquifer? (Y/N) Y

6.1.4 Do the intake levels of the monitoring wells appear to be justified due to possible contaminant density and groundwater flow velocity? (Y/N) Y

7.0 Ground-Water Quality Sampling

7.1 Is a sampling (groundwater quality) program and schedule included? (Y/N) Y

7.2 Are sample collection field procedures clearly outlined? (Y/N) Y

7.2.1 How are samples obtained: (check method(s))

- Air lift pump
- Submersible pump
- Positive displacement pump
- Centrifugal pump
- Peristaltic or other suction-lift pump
- Bailer
- Other (describe)

7.2.2 Are all wells sampled with the same equipment and procedures? (Y/N) Y

If no, explain _____

7.2.3 Are adequate provisions included to clean equipment after sampling to prevent cross-contamination between wells? (Y/N) Y

deionized water

7.2.4 Are organic constituents to be sampled?

(Y/N) N

If yes,

*Other Than TOC
TDH*

7.2.4.1 Are samples collected with equipment to minimize absorption and volatilization?

(Y/N) Y

If yes,

Describe equipment Peristaltic pump (teflon tube)
directly to containers

8.0 Sample Preservation and Handling

8.1 Have appropriate sample preservation and preparation procedures been followed (filtration and preservation where appropriate)?

(Y/N) Y

8.2 Are samples refrigerated?

(Y/N) Y

8.3 Are EPA recommended sample holding period requirements adhered to?

(Y/N) Y

8.4 Are suitable container types used?

(Y/N) Y

8.5 Are provisions made to store and ship samples under cold conditions (ice packs, etc.)?

(Y/N) Y

8.6 Is a chain of custody control procedure clearly defined?

(Y/N) Y

8.7 Is a specific chain of custody form illustrated?

(Y/N) Y

If yes,

8.7.1 Will this form provide an accurate record of sample possession from the moment the sample is taken until the time it is analyzed?

(Y/N) Y

9.0 Sample Analysis and Record Keeping

9.1 Is sample analysis performed by a qualified laboratory?

(Y/N) Y

Indicate lab ERG, Ann Arbor

9.2 Are analytical methods described in the records?

(Y/N) N

9.2.1 Are analytical methods acceptable to EPA?

(Y/N) Y

9.3 Are the required drinking water suitability parameters tested for?

(Y/N) Y

9.4 Are the required groundwater quality parameters tested for?

(Y/N) Y

9.5 Are the required groundwater contamination indicator parameters tested for? (Y/N) Y

9.6 Are any analytical parameters determined in the field? (Y/N) Y

Identify:

- pH ✓
- Temperature ✓
- Specific conductance ✓
- Other (describe) _____

9.7 Is a plan included to record information about each sample collected during the groundwater monitoring program? (Y/N) Y

9.7.1 Are field activity logs included? (Y/N) Y

9.7.2 Are laboratory results included? (Y/N) Y

9.7.3 Are field procedures recorded? (Y/N) Y

9.7.4 Are field parameter determinations included? (Y/N) Y

9.7.5 Are the names and affiliation of the field personnel included? (Y/N) Y

9.8 Are statistical analyses planned or shown for all water quality results where necessary? (Y/N) Y

9.8.1 Is an analysis program set-up which adheres to EPA guidelines? (Y/N) Y

9.8.2 Is Student's t-test utilized? (Y/N) Y
If other evaluation procedure used, identify _____

9.8.3 Are provisions made for submitting analysis reports to the Regional Administrator? (Y/N) Y

10.0 Site Verification

10.1 Plot Plan indicating the locations of various facility components, ground-water monitoring wells, and surface waters? (Y/N) Y

10.1.1 Is the plot plan used for the inspection the same as in the monitoring program plan documentation? (Y/N) Y

If not, explain _____

10.1.2 Are all of the components of the facility identified during the inspection addressed in the monitoring program documentation? (Y/N) Y

If not, explain _____

10.1.3 Are there any streams, lakes or wetlands on or adjacent to the site? (Y/N) Y

If yes, indicate distances from waste management areas _____

Red Cedar (260') from settling lagoons

10.1.4 Are there any signs of water quality degradation evident in the surface water bodies? (Y/N) N

If yes, explain _____

10.1.5 Is there any indication of distressed or dead vegetation on or adjacent to the site? (Y/N) N

If yes, explain _____

10.1.6 Are there any significant topographic or surficial features on or near the site (e.g., recharge or discharge areas)? (Y/N) Y

If yes, explain river is probably discharge point

10.1.7 Are the monitor well locations and numbers in agreement with the monitoring program documentation? (Y/N) Y

If no, explain _____

10.1.7.1 Were locations and elevations of the monitor wells surveyed into some known datum? (Y/N) Y

If not, explain not to mean sea-level

10.1.7.2 Were the wells sounded to determine total depth below the surface?

(Y/N) N

If not, explain no equipment to do so.

10.1.7.3 Were discrepancies in total depth greater than two feet apparent in any well?

(Y/N) NA

If yes, explain _____

10.1.8 Was ground water encountered in all monitoring wells?

(Y/N) _____

If not, indicate which well(s) were dry _____

10.1.9 Were water level elevations measured during the site visit?

(Y/N) _____

If yes, indicate well number and water level elevation _____

If not, explain _____

APPENDIX - C

GROUND-WATER QUALITY ASSESSMENT PROGRAM
INFORMATION FORM

APPENDIX C

GROUND-WATER QUALITY ASSESSMENT PROGRAM
INFORMATION FORM

Company Name: Stanley Tools ; EPA I.D.#: _____

Company Address: _____

Inspector's Name: David Clayton ; Date: 9-15-83

1.0 Background

1.1 List the constituents (contaminants) originating from the waste management area: (use separate sheet if necessary)

→ Copper, Nickel, Zinc, Chrome, Cyanide
trace lead, Cadmium, Barium, Silver, Selenium

1.2 Have the concentrations of the hazardous waste or hazardous waste constituents shown significant increases in:

- upgradient monitoring wells
- downgradient monitoring wells

(Y/N) N
(Y/N) Y

pH
TOC
TOH

1.2.1 List or indicate on a map, the wells which have shown significant increases: (use separate sheet if necessary)

OW-5 : pH, TOH

OW-10 : pH

OW-12 : pH, TOC

1.3 Were the significant increases in contaminant concentration determined through the use of the student's t-Test?

(Y/N) Y

If no,

1.3.1 Explain procedure used _____

1.4 Has the possibility of error (e.g., laboratory) been eliminated? (Y/N) Y

1.4.1 Explain - resampled and split

- pH may be due to sampling technique,
is being addressed.

2.0 Contaminant Characteristics

- 2.1 If available, list the chemical and physical properties of the contaminants which have been detected in the ground water: (density, solubility, etc.). Include on a separate sheet if list is extensive pH, TDC, TOH

3.0 Implementation of the Assessment Program

- 3.1 Has the extent of the migration of hazardous waste or hazardous waste constituents been determined?

(Y/N) N

If yes,

*going to start
in Oct., 1983*

- 3.1.1 Indicate how: (check appropriate method(s))

- additional ground-water monitoring wells ☒
- geophysical methods ☐
- computer simulation ☐
- other, explain ☐

- 3.2 Were monitoring wells installed?

(Y/N) N

If yes,

*using existing
wells.*

- 3.2.1 Record monitoring well/peizometer completion data on INFORMATION TABLE C-1. *(wells added)*

see Table B-1 for old wells

- 3.2.2 Were well clusters (nests) used or were wells with multiple intake areas constructed? Give details No

- 3.2.3 Show the numbers and locations of the additional wells/peizometers on a site map.

*- in Assessment Plan
submitted*

- 3.2.4 Are the locations of the wells/piezometers justified in view of the water table or potentiometric surface map?

(Y/N) Y

Give details doing one more upgradient, and
3 more down gradient, plus 2
surface water sampling locations

INFORMATION TABLE C-1

4 wells ^{to be} added (to the existing 4)
 For sampling in Assessment program
 shallow wells

WELL NO.		OW 1	OW 2	OW 9	OW 11		
GROUND ELEVATION		96.80	93.68	93.77	95.19		
TOTAL DEPTH		15.11	9.73	8.96	14.27		
WELL CASING	TYPE MATERIAL	Galvanized steel					
	DIAMETER	2"	2"	2"	2"		
	LENGTH	14'3"	10'	10'	15'		
	STICK-UP	1.14	2.27	3.04	2.73		
	TOP ELEVATION	97.94	95.95	96.81	97.92		
	BOTTOM ELEVATION	83.69	85.95	86.81	82.92		
WELL SCREEN	DEPTH TOP/BOTTOM	13.11 15.11	7.73 9.73	6.96 8.96	12.27 14.27		
	TYPE MATERIAL	stainless steel					
	DIAMETER	2"	2"	2"	2"		
	LENGTH	2'	2'	2'	2'		
	SLOT SIZE	10-slot	10-slot	10-slot	10-slot		
	TOP ELEVATION	83.69	85.95	86.81	82.92		
	BOTTOM ELEVATION	81.69	83.95	84.81	80.92		
OPEN HOLE OR SAND/GRAVEL PACK	DEPTH TOP/BOTTOM	10 15	7 9				
	DIAMETER	6"	6"				
	LENGTH	5	2				
	TOP ELEVATION	86.80	86.68				
	BOTTOM ELEVATION	81.80	84.68				

3.2.5 Are the depths of the monitoring wells/
piezometers justified due to the relative
characteristics (e.g., densities) of the contaminants? (Y/N) Y
Give details monitored zone relatively thin
to begin with.

3.2.6 List any other methods (e.g., soil sample analysis)
used to document the extent of the contamination.
(use separate sheet if necessary) surface water sampling

3.3 Has the rate of contaminant migration been determined? (Y/N) Not yet

If yes, what is it and how was it determined? _____

3.3.1 Does the rate of migration differ for various
contaminants? (Y/N) _____
Give details _____

3.3.2 If known, what is the cause (reason) of (for) this
differential in migration rates? _____

APPENDIX - D

WAIVER DEMONSTRATION TECHNICAL INFORMATION FORM

APPENDIX D

WAIVER DEMONSTRATION TECHNICAL INFORMATION FORM

Company Name: _____; EPA ID.#: _____

Company Address: _____

Inspector's Name: _____; Date: _____

1.0 Site Characterization

Regional Map (U.S.G.S., 7.5 min. Topographic Quadrangle Map, or similar) showing facility location with water supply wells near the facility indicated.

1.0.1 Are there discharging wells near the facility? (Y/N) _____

If yes, give distances to wells _____

1.0.1.1 Which aquifers in the vicinity provide water supplies? _____

1.0.1.2 What is the estimated withdrawal (diversion) rate from these aquifers? _____

1.0.2 Are there any streams, rivers, or lakes near the facility? (Y/N) _____

1.0.2.1 If so, indicate approximate distances from the facility. _____

1.1 Regional Hydrogeologic/Surficial Geologic Map

1.1.1 Is the surficial geology adequately illustrated? (Y/N) _____

1.1.2 Are areas of recharge/discharge shown? (Y/N) _____

1.1.3 Is regional groundwater flow direction indicated? (Y/N) _____

1.1.4 Are the water table or potentiometric contours logical? (Y/N) _____

1.2 Map of Facility (scale at least 1" = 200'), showing the locations of facility components (e.g., surface impoundments, and disposal areas), and groundwater monitoring wells, springs, seeps, streams, etc.

1.2.1 Is the facility a multi-component facility? (Y/N) _____

1.2.2 Are locations of test borings (or pits) and observation wells shown? (Y/N) _____

1.2.2.1 Are borings, pits, or wells located in or near the waste management area? (Y/N) _____

If yes,

1.2.2.2 Do the borings, pits, or wells appear to be of such number, and depth to adequately characterize the substrate? (Y/N) _____

Give brief detail _____

1.3 Boring Logs and Geologic Cross Sections

1.3.1 Are there logs of the borings or test pits? (Y/N) _____

1.3.2 How are the sub-surface materials described: (check as appropriate)

1.3.2.1 Unified Soil Classification System _____

1.3.2.2 U.S.D.A. Soil Classification System _____

1.3.2.3 Burmeister Classification System _____

1.3.2.4 Other (explain) _____

1.3.3 Are geologic cross-sections included? (Y/N) _____

1.3.4 Is there evidence of confining (low permeability) layers beneath the facility? (Y/N) _____

2.0 Waste Characterization

2.1 Has the waste material been stabilized in any way to preclude the potential of leachate being generated? (Y/N) _____

If yes, briefly explain methods _____

2.2 Have specially engineered features been incorporated into the facility design to minimize the migration of leachate? (Y/N) _____

If yes, briefly explain _____

3.0 Water Balance

3.1 Is precipitation data included? (Y/N) _____

3.1.1 How is it tabulated? (check one)

- Daily _____
- Weekly _____
- Monthly _____
- Annually _____

3.1.2 Source of data (check one)

- U.S. Weather Service _____
- State Agency _____
- Other Source _____
Identify _____

3.1.3 Length of record, in years _____

3.1.4 Distance of measuring point from the facility _____

3.2 Is actual evapotranspiration (AET) data included? (Y/N) _____

3.2.1 Is the source of AET data indicated? (Y/N) _____

If yes, give reference _____

3.3 Is run-off calculated? (Y/N) _____

3.3.1 Is the technique referenced? (Y/N) _____

If yes, give reference _____

3.4 Is infiltration data included? (Y/N) _____

3.4.1 Is source of data referenced? (Y/N) _____

If yes, give reference _____

3.5 Is there a positive net infiltration recorded? (Y/N) _____

If yes, how much? _____

4.0 Unsaturated Zone Characteristics

4.1 Has the applicant demonstrated that the unsaturated zone will isolate any waste derived leachate from the water table, chemically or physically? (Y/N) _____

Briefly describe mechanism(s) _____

4.2 Physical Properties

4.2.1 Has the applicant defined the unsaturated thickness and areal variability? (Y/N) _____

Briefly describe _____

4.2.2 Has the primary and secondary porosity (if any) of the unsaturated zone been determined? (Y/N) _____

Briefly describe _____

4.2.3 Have hydraulic conductivity curves for each sediment type comprising the unsaturated zone been established? (Y/N) _____

4.2.4 Have textural analyses been performed? (Y/N) _____

4.2.5 Have bulk densities been estimated? (Y/N) _____

4.3 Chemical Properties

4.3.1 Has cation exchange been cited as an attenuation means? (Y/N) _____

If yes,

4.3.1.1 Type of clay _____

4.3.1.2 Percent of clay _____

4.3.1.3 Percent of organics _____

4.3.1.4 pH of materials _____

4.3.2 Have other attenuation mechanisms, if any, been adequately explained?

(Y/N) _____

If yes, cite mechanism:

4.3.2.1 Biodegradation _____

4.3.2.2 Complexation _____

4.3.2.3 Precipitation _____

4.3.2.4 Chelation _____

4.3.2.5 Other _____

5.0 Saturated Zone Physical Characteristics

5.1 Have the saturated zone hydrologic properties been determined?

(Y/N) _____

If yes, were pumping tests performed to determine (check appropriate determinations and give results)

5.1.1 Transmissivity _____

5.1.2 Hydraulic Conductivity _____

5.1.3 Storage Coefficient _____

5.1.4 Leakage _____

5.2 How many tests were performed? _____

5.2.1 The duration(s) of test(s) _____

5.2.2 The length(s) of the recovery test(s) _____

5.3 Were other insitu tests performed?

(Y/N) _____

(check appropriate tests)

5.3.1 Falling head tests _____

5.3.2 Constant head tests _____

5.3.3 Packer tests _____

5.3.4 Other _____

Explain _____

5.4 Was the saturated thickness determined?

(Y/N) _____

- 5.5 Are static water level measurements included? (Y/N) _____
- 5.6 Is a site water table (equipotential) contour map included? (Y/N) _____
- 5.6.1 Does the contour map appear logical based on the presented data and topography? (Y/N) _____
- 5.6.2 Are groundwater flowlines indicated? (Y/N) _____
- 5.6.3 Are hydraulic gradients included? (Y/N) _____
- 5.6.4 Are flow velocities included? (Y/N) _____
- 5.7 Is there any indication of vertical flow in the saturated zone? (Y/N) _____
- 5.8 Saturated Zone Chemical Properties of Ground Water
- 5.8.1 Have water quality analyses been performed to establish background data? (Y/N) _____
- 5.8.2 Does background information indicate that the aquifer may be degraded in any way? (Y/N) _____
- 6.0 Computer Modeling
- 6.1 Was a computer simulation utilized in the demonstration? (Y/N) _____
- Check appropriate model:
- 6.1.1 Mass transport _____
- 6.1.2 Flow model _____
- 6.2 Type of model? (check appropriate type)
- 6.2.1 Numerical _____
- 6.2.2 Analytic _____
- 6.2.3 Reference for model? _____
- 6.2.4 Does the data appear to warrant the use of modeling techniques? (Y/N) _____
- If not, explain _____
- _____
- _____

RCRA Inspection Report

EPA Identification Number: M I D 0 9 9 1 2 4 2 9 9

Installation Name: STANLEY TOOLS - Div. OF STANLEY WORKS

Location Address: 425 Frank St.

City: Fowlerville

State: Michigan 48836

Date of inspection: 8-16-83 Time of inspection (from) 10:30 AM (to) 12:30

Person(s) interviewed

Title

Telephone

ALBERT M. STOCK

PLANT ENGINEER

517-223-9154

Raza. Rejai

Chemist

517-723-9154

Inspector(s)

Agency/Title

Telephone

BOB BASCH

Mich DNR / District Supervisor

(517) 322-1300

Hien Nguyen

Mich DNR / Env. Eng

(517) 322-1687

Installation Activity (mark only one box)

Inspection Form(s)

☒ Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation

☐ Treatment/Storage/Disposal (no generation or Transportation)

☐ Generation and Transportation

☐ Generation only

☐ Transportation only

A

A

B, C

B

C

STANLEY

S T A N L E Y T O O L S

DIVISION OF THE STANLEY WORKS

425 FRANK STREET, P. O. BOX 829, FOWLerville, MICHIGAN 48836

(517) 223-9154

August 17, 1983

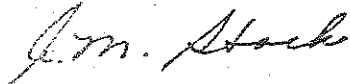
Mr. Hien Q. Nguyen
Hazardous Waste Division
Dept. of Natural Resources
P.O. Box 30028
Lansing, Mi. 48909

Dear Mr. Nguyen:

As per your request during your visit to this facility on August 16, 1983 for our annual inspection, I am notifying you the Ground Water Quality Assessment Plan which was prepared for the Region V E.P.A. has been forwarded to Mr. D. Rector.

Sincerely,

STANLEY TOOLS DIVISION
FOWLerville PLANT



A. M. Stock
Mgr. of Plt. Eng. & Envir. Control
/alk

RECEIVED

AUG 19 1983

SWOD-Lansing District



— WORK SAFELY WITH HAND TOOLS — WEAR SAFETY GOGGLES —

INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application, process(es) (EPA Form 3510-3) Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input checked="" type="checkbox"/>	storage in surface impoundment	K, F
T02	<input checked="" type="checkbox"/>	treatment in surface impoundment	K, F
D83	<input type="checkbox"/>	disposal in surface impoundment	K, F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M, F
D80	<input type="checkbox"/>	disposal in landfill	N, F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.

NONE

4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

NONE

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?		<input checked="" type="checkbox"/>		
b. Facility expansion?	<input checked="" type="checkbox"/>			
c. Change of owner or operator?	<input checked="" type="checkbox"/>			no change
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>			
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>			
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<input checked="" type="checkbox"/>			
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	<input checked="" type="checkbox"/>			
or				
b. i. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>			
and				
ii. Controlled entry?	<input checked="" type="checkbox"/>			
c. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>			
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<input checked="" type="checkbox"/>			

*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>			
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?				<i>Groundwater monitoring done by consultants (twice a year)</i> <i>Safety equipment checked by another company once a month</i>
ii. safety and emergency equipment?				
iii. security devices?				
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>			
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>			
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>			
d. Are areas subject to spills inspected daily when in use?	<input checked="" type="checkbox"/>			
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>			
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>			
ii. the name of the inspector?	<input checked="" type="checkbox"/>			
iii. a notation of the observations made?	<input checked="" type="checkbox"/>			
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>			
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>			
b. Job descriptions?	<input checked="" type="checkbox"/>			

	YES	NO	NI	Remarks
c. Description of training?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
d. Records of training?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
e. Did facility personnel receive the required training by 5-19-81?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
f. Do new personnel receive required training within six months?	<u>NA</u>	<u> </u>	<u> </u>	<u> </u>
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<u>NA</u>	<u> </u>	<u> </u>	<u> </u>
b. No smoking signs?	<u>NA</u>	<u> </u>	<u> </u>	<u> </u>
c. Separation and protection from ignition sources?	<u>NA</u>	<u> </u>	<u> </u>	<u> </u>

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation
of Facility: 265.31

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

YES

NO

NI

Remarks

_____ ✓ _____

2. If required, does the facility
have the following equipment: 265.32

a. Internal communications or
alarm systems?

✓ _____

b. Telephone or 2-way radios
at the scene of operations?

✓ _____

c. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

✓ _____

Indicate the volume of water and/or foam available for fire control:

well plus city water

3. Testing and Maintenance of
Emergency Equipment: 265.33

a. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

✓ _____

other contractor
comes in and maintain
equipment

b. Is emergency equipment
maintained in operable
condition?

✓ _____

4. Has owner or operator provided
immediate access to internal
alarms? (if needed) 265.34

✓ _____

5. Is there adequate aisle space
for unobstructed movement?

✓ _____

6. Has the owner or operator attempted
to make arrangements with local
authorities in case of an emergency
at the facility?

✓ _____

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

YES NO NI Remarks

1. Does the Contingency Plan contain the following information: 265.52

- a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
- b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
- c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
- d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
- e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

✓ — —

✓ — —

✓ — —

✓ — —

✓ — —

2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53

✓ — —

YES NO NI Remarks

3. Emergency Coordinator 265.55

- a. Is the facility Emergency Coordinator identified?
- b. Is coordinator familiar with all aspects of site operation and emergency procedures?
- c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

✓
✓
✓

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

NA

has not occurred

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

	YES	NO	NI	Remarks
** 1. Use of Manifest System 265.71				
a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)				
b. Are records of past shipments retained for 3 years?				
** 2. Does the owner or operator meet requirements regarding manifest discrepancies? 265.72				
** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.				
3. Operating Record 265.73				
a. Does the owner or operator maintain an operating record as required in 265.73?	✓			
b. Does the operating record contain the following information:				
i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?	NA			Don't receive wastes from off-site
ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	NA			
***iii. A map or diagram of each cell or disposal area				

*** only applies to disposal facilities

YES NO NI Remarks

showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

NA

iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓

v. Reports detailing all incidents that required implementation of the Contingency Plan?

NA

vi. All closure and ~~post closure~~ costs as applicable?

✓

\$ 183,384

4. Availability of Records 265.74

Are all facility records required under 40 CFR Part 265 available for inspection?

✓

5. **Unmanifested Waste Reports 265.76

a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 without a manifest or or shipping paper?

NA

b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

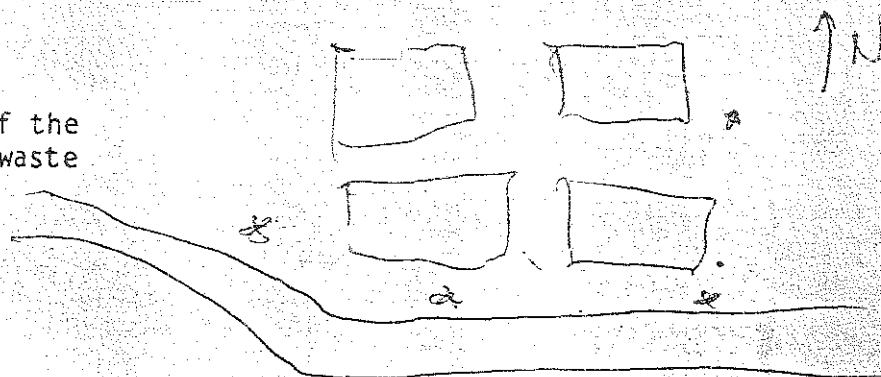
** Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.

Section F - GROUNDWATER MONITORING (Part 265 Subpart F)

Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

	YES	NO	NI	Remarks
1. Has the owner or operator of the facility implemented a groundwater monitoring system? 265.90	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If "no", Skip to number 11.				
2. Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in 265.90(d)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If "yes", skip to number 12. If "no", continue				
3. Does the groundwater monitoring system meet the following requirements of 265.91:				
a. At least one well installed hydraulically up-gradient from the limit of the waste management area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicate the total number of up-gradient wells.	<u>1</u>			
b. At least three wells installed hydraulically down-gradient at the limit of the waste management area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicate the total number of downgradient wells.	<u>3</u>			
c. Are the number, locations, and depths of all wells sufficient to yield groundwater samples that are representative of groundwater under the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sketch the locations of the wells relative to the waste management area.



	YES	NO	NI	Remarks
d. Are the monitoring wells constructed in accordance with 265.91(c) (e.g. properly cased, screened, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the owner or operator developed a written groundwater sampling and analysis plan that includes procedures and techniques for: 265.92				
a. Sample collection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Sample preservation and shipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Analytical procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Chain of custody control?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the owner or operator follow his groundwater sampling and analysis plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is the groundwater sampling and analysis plan maintained at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has the owner or operator determined the concentration or value of all the groundwater monitoring parameters of 265.92(b) in accordance with paragraphs c and d of 265.92?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	NI	Remarks
8. Has the owner or operator developed an <u>outline</u> of a comprehensive ground-water quality assesment program that is capable of determining: 265.93				
a. Whether hazardous waste or hazardous waste constituents have entered the groundwater?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. The rate and extent of migration of hazardous waste or hazardous waste constituents in the groundwater?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. The concentration of hazardous waste or hazardous waste constituents in the groundwater?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*9. Has the owner or operator performed a statistical analysis of his ground-water monitoring data as required in 265.93(b)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*10. Was there a statistically significant increase (or pH decrease) detected in any well?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	increase of pH detected in 3 down gradient wells on June 29, 1983. Samples were taken and tested again. Company notified EPA on August 4, 83.
a. If "yes," has the owner or operator responded in accordance with the procedures prescribed in 265.93 paragraphs c through f?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Skip to number 14				
11. Has the owner or operator prepared a written groundwater monitoring waiver demonstration for the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Is the waiver demonstration maintained at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Has the waiver demonstration been certified by a qualified geologist or geotechnical engineer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Note: Inspectors should request a copy of the waiver document.				
c. Skip questions 12, 13, and 14.				

*These requirements do not take effect until the first 6 months after November 19, 1982. The latest date for compliance with these requirements is May 19, 1983.

NA

12. Has the owner or operator submitted an alternate groundwater monitoring system to the Regional Administrator?

YES	NO	NI	Remarks
	<input checked="" type="checkbox"/>		The company is in the process of sending to EPA

a. Has the plan been certified by a qualified geologist or geotechnical engineer?

Note: If the plan for an alternate groundwater monitoring system was not submitted to the Regional Administrator the inspector should request a copy for review.

13. Does the alternate groundwater monitoring plan address the requirements of 265.90(d)?

<input checked="" type="checkbox"/>			The company plans to submit the assessment program approx August 17, 1983.
-------------------------------------	--	--	--

14. Does the owner or operator submit reports and maintain records as required in 265.94?

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be completed upon
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	close of operations
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB. facility monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Applies only to disposal facilities.

Section I - I AND MANGEMENT OF CONTAINERS rt 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	

Section J - TANKS (Part 265, Subpart J)

	YES	NO	NI	Remarks
1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192				<i>NA</i>
2. Do uncovered tanks have at least 60 cm (2 feet) of free-board, or dikes or other containment structures?				
3. Do continuous feed systems have a waste-feed cutoff?				
4. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193				
5. Are required daily and weekly inspections done? 265.194				
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? 265.198 Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)				
7. Are incompatible wastes stored in separate tanks? 265.199 (If not, the provisions of 40 CFR 265.17(b) apply.)				
8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?				

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

Section K - SURFACE IMPOUNDMENTS (Part 265, Subpart K)

	YES	NO	NI	Remarks
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? 265.222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do earthen dikes have protective covers? 265.223	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? 265.225	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	same waste
4. Is the freeboard level inspected at least daily? 265.226	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the level is recorded
5. Are the dikes inspected weekly for evidence of leaks or deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	daily in the inspection log
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.229	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not reactive or ignitable
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.230	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: According to Mr. Stock, the dikes were upgraded to maintain 2-foot freeboard. Certification of construction was sent to U.S. EPA

Section L - WASTE PILES (40 CFR Part 265, Subpart L)

ND

	YES	NO	NI	Remarks
1. Are waste piles covered or protected from dispersal by wind? 265.251	_____	_____	_____	_____
2. Is each in-coming movement of waste analyzed before being added to the waste pile? 265.252	_____	_____	_____	_____
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.253? 265.253	_____	_____	_____	_____
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.256	_____	_____	_____	_____
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?	_____	_____	_____	_____
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257	_____	_____	_____	_____
7. Are piles of incompatible waste protected by barriers or distance from other waste?	_____	_____	_____	_____

Section M - LAND TREATMENT (Part 265, Subpart M)

	YES	NO	NI	Remarks
1. Is treated hazardous waste capable of biological or chemical degradation? 265.272				NTB
2. Are run-off and run-on diverted from the facility or collected				
3. Is waste analyzed according to 265.273?				
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?				
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? 265.278				
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?				
7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility? 265.279				
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.) 265.281				
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies) 265.282				

Section N - LANDFILLS (Part 265, Subpart N)

	YES	NO	NI	Remarks
1. General Operating Requirements 265.302 Does the facility provide the following:				N
a. Diversion of run-on away from active portions of the fill?	_____	_____	_____	_____
b. Collection of run-off from active portions of the fill?	_____	_____	_____	_____
c. Is collected run off treated?	_____	_____	_____	_____
d. Control of wind dispersal of hazardous waste?	_____	_____	_____	_____
2. Surveying and Recordkeeping 265.309 Does the Operating Record Include:				
a. A map showing the exact location and dimensions of each cell?	_____	_____	_____	_____
b. The contents of each cell and the location of each hazardous waste type within each cell?	_____	_____	_____	_____
3. Special requirements for ignitable or reactive waste. Are ignitable or reactive wastes treated so the resulting mixture is no longer ignitable or reactive? (Indicate if waste is ignitable or reactive.) 265.312	_____	_____	_____	_____
4. Special Requirements for Incompatible Wastes. 265.313 Does the owner or operator dispose of incompatible waste in separate cells? (If not, the provisions of 40 CFR 265.17(b) apply.)	_____	_____	_____	_____

Note: If waste is rendered non-reactive or non-ignitable see treatment requirements.
If not, the provisions of 40 CFR 265.17(b) apply.

YES NO NI Remarks

5. Special requirements for liquid waste 265.314

a. Are bulk or non-containerized liquids placed in the landfill? If "yes," complete items i, ii, and iii.

i. Does the landfill have a chemically and physically resistant liner system?

ii. Does the landfill have a functional leachate collection system?

iii. Are free liquids stabilized prior to or immediately after placement in the landfill?

b. Have containers holding free liquids been placed in landfill since March 22, 1982?

6. Special requirements for Containers 265.315
Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill?

Section O/P - INCINERATION AND THERMAL TREATMENT (40 CFR Part 265, Subparts O and P)

1. Determination of Steady State

I=incinerator T=thermal

a. Type of unit (i.e., type of incinerator or thermal treatment): _____

b. Components and steady state condition: I 265.343 T 265.373

Was each component at steady state prior to adding waste?

Component	YES	NO	NI	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ND

2. Waste Analysis

I 265.345

T 265.375

a. Minimum requirements, for wastes not previously burned/treated.

i. Required analyses; has an analysis been performed for the following?

Heating value

Halogen content

Sulfur content

ii. Has documented or written data been substituted for analysis of either:

Lead?

Mercury:

- b. List other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)

	YES	NO	NI	Remarks
3. <u>Monitoring and Inspections</u> I 265.347 T 265.37				
a. Are combustion/emission control instruments monitored at least every 15 minutes?	_____	_____	_____	_____
b. Is steady state maintained or corrections attempted?	_____	_____	_____	_____
c. Is stack plume observed at least hourly for normal color and opacity?	_____	_____	_____	_____
d. Did any stack observations made by owner or operator show a plume different than normal?**	_____	_____	_____	_____
e. If "yes" to (d) above, were corrections made to return emissions to normal appearance?**	_____	_____	_____	_____
f. Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?	_____	_____	_____	_____
**Specify in Remarks for what period of time this was checked.				
g. Are emergency shutdown controls and system alarms checked daily for proper operation?	_____	_____	_____	_____
4. <u>Open Burning</u> T 265.382 (open burning does not apply to incineration)				
a. Only complete this part if the facility open burns hazardous waste.				
i. Does this facility burn <u>only</u> waste explosives? (A <u>No</u> answer means <u>other</u> hazardous waste is open-burned).	_____	_____	_____	_____

YES NO NI Remarks

- ii. It this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below)

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others	
0 to 100.....	204 m	670 ft
101 to 1,000.....	380 m	1,250 ft
1,001 to 10,000.....	530 m	1,730 ft
10,0001 to 30,000.....	690 m	2,260 ft

Section Q - CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (Part 265, Subpart Q)

	YES	NO	NI	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure? 265.401	___	___	___	___
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system)?	___	___	___	___
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	___	___	___	___
4. Are inspection procedures followed according to 265.403?	___	___	___	___
5. Are the special requirements fulfilled for ignitable or reactive wastes? 265.405	___	___	___	___
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.) 265.406	___	___	___	___

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristics under 40 CFR §261.22, or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>19</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>NONE</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>NONE</u>				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wastes are stored in lagoons and drums.
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haulers provide their own placards.
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input checked="" type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA.
b. Have more than 90 days elapsed since the date inspected in (a)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do wastes remain in accumulation tanks for more than 90 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no haz. waste in tank
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

	YES	NO	NI	Remarks
i. Notified the Administrator in writing?				
ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?				
iii. Met the Manifest requirements?				
b. Importing Hazardous Waste; has the generator met the manifest requirements?				

Appendix TR

NA

Section A: SCOPE:

YES NO NI Remarks

1. Complete this Appendix if the owner or operator transports hazardous waste subject to 40 CFR 263.10.

2. Does the transporter transport hazardous waste into the U.S. from abroad?

3. Does the transporter transport hazardous waste out from the U.S.?

4. Does the transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?

Section B: MANIFEST SYSTEM AND RECORDKEEPING (Part 263, Subpart B)

1. Are copies of completed manifests available for review and retained for three years. 263.22

2. Estimate the number of manifests for shipments completed during the past 6 months.

3. Examine a representative number of manifests. Indicate number examined.

4. Did transporter properly sign and date the manifests examined?

5. Do any manifests indicate shipments delivered to other than the designated facility? 263.21

If (5) is "no," skip 6 and 7.

6. Do any manifests indicate shipments delivered to other than an alternate facility?

7. Are shipments delivered to alternate facilities only because emergency prevents delivery to the designated facility?

#901

RCRA Inspection Report

Identification Number: M I D 0 9 9 1 2 4 2 9 9
Installation Name: STANLEY TOOLS - Div of STANLEY WORKS
Location Address: 425 Frank St
City: Fowlerville State: Michigan #8836
Date of inspection: 8/15/82 Time of inspection (from) 8 AM (to) 12 N

Person(s) interviewed	Title	Telephone
<u>Reza Rejaei</u>	<u>Chemist</u>	<u>517 223-9154</u>
<u>ALBERT STOCK</u>	<u>Prod. Manager</u>	

Inspector(s)	Agency/Title	Telephone
<u>Richard Lundgren</u>	<u>WATER QUALITY DIV</u>	<u>517-373-2714</u>

Installation Activity (mark only one box) Inspection Form(s)

- | | |
|---|------|
| <input checked="" type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation) | A |
| <input type="checkbox"/> Generation and Transportation | B, C |
| <input type="checkbox"/> Generation only | B |
| <input type="checkbox"/> Transportation only | C |

INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3) Inspection Form A section(s)

S01	<input type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR ☐

APPENDIX GN.

TRANSPORTER ☐

APPENDIX TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Does not receive from foreign source
b. Facility expansion?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
c. Change of owner or operator?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		No change
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>			
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?			<input checked="" type="checkbox"/>	Will have and will send me copy
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?			<input checked="" type="checkbox"/>	
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	<input checked="" type="checkbox"/>			
or				
b. i. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>			
and				
ii. Controlled entry?	<input checked="" type="checkbox"/>			
c. Danger sign(s) at entrance?		<input checked="" type="checkbox"/>		Will put up as per my request.
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<input checked="" type="checkbox"/>			

*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	✓			
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	✓			
ii. safety and emergency equipment?	✓			
iii. security devices?	✓			
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	✓			
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	✓			
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	✓			
d. Are areas subject to spills inspected daily when in use?	✓			
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	✓			
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	✓			
ii. the name of the inspector?	✓			
iii. a notation of the observations made?	✓			
iv. the date and nature of any repairs or remedial actions?	✓			
5. Do personnel training records include: 265.16				
a. Job titles?	✓			
b. Job descriptions?	✓			no descriptions fully maintain the info. not to have descriptions.

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>not not indicated 5-19-81</i>
e. Did facility personnel receive the required training by 5-19-81?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>was given by 3-11-82</i>
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>will have within year it was originally given.</i>
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Not required: Does not have reactive or incompatible wastes.</i>
b. No smoking signs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation
of Facility: 265.31

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

YES NO NI Remarks

— ☒ —

2. If required, does the facility
have the following equipment: 265.32

a. Internal communications or
alarm systems?

☒ —

b. Telephone or 2-way radios
at the scene of operations?

☒ —

c. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

☒ —

Indicate the volume of water and/or foam available for fire control:

Have a well as well as city water.

3. Testing and Maintenance of
Emergency Equipment: 265.33

a. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

☒ —

*Other contractor
comes in and maintains
equipment and checks it
for operability*

b. Is emergency equipment
maintained in operable
condition?

☒ —

4. Has owner or operator provided
immediate access to internal
alarms? (if needed) 265.34

☒ —

5. Is there adequate aisle space
for unobstructed movement?

☒ —

6. Has the owner or operator attempted
to make arrangements with local
authorities in case of an emergency
at the facility?

☒ —

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

YES NO NI Remarks

1. Does the Contingency Plan contain the following information: 265.52

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)

✓ — —

b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

✓ — —

c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?

✓ — —

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?

✓ — —

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

— ✓ —

will update contingency plan to include.

2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53

✓ — —

	YES	NO	NI	Remarks
3. Emergency Coordinator 265.55				
a. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>			
b. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>			
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>			
4. Emergency Procedures 265.56				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<input checked="" type="checkbox"/>			has not occurred

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

YES NO NI Remarks

** 1. Use of Manifest System 265.71

a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)

✓

b. Are records of past shipments retained for 3 years?

✓

** 2. Does the owner or operator meet requirements regarding manifest discrepancies? 265.72

✓

** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.

3. Operating Record 265.73

a. Does the owner or operator maintain an operating record as required in 265.73?

✓

*operating record
is consists of manifest
not book, analysis notebook*

b. Does the operating record contain the following information:

i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?

✓

*waste is measured
by what comes out
and is recorded as
manifest. Monthly
is not measured as it
goes in only as it is
removed from lagoon*

ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

✓

*are not disposing
just holding*

***iii. A map or diagram of each cell or disposal area

*** only applies to disposal facilities

showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

*not necessary
are not disposing
have impairment
are just settling.*

iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

v. Reports detailing all incidents that required implementation of the Contingency Plan?

vi. All closure and post closure costs as applicable?

4. Availability of Records 265.74

Are all facility records required under 40 CFR Part 265 available for inspection?

5.**Unmanifested Waste Reports 265.76

a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 without a manifest or or shipping paper?

b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

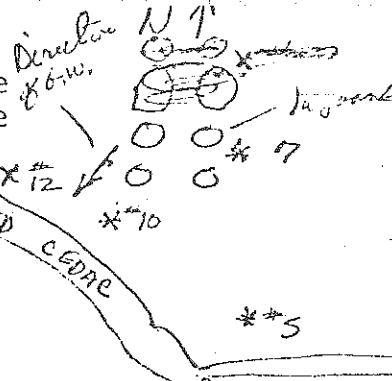
** Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.

Section - GROUNDWATER MONITORING (Part 265 Subpart F)

Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

	YES	NO	NI	Remarks
1. Has the owner or operator of the facility implemented a groundwater monitoring system? 265.90	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Began analyzing samples under protocol of RCRA.
If "no", Skip to number 11.				
2. Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in 265.90(d)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	alternate plan was rejected which in turn delayed original monitoring plan
If "yes", skip to number 12. If "no", continue				
3. Does the groundwater monitoring system meet the following requirements of 265.91:				
a. At least one well installed hydraulically up-gradient from the limit of the waste management area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Indicate the total number of up-gradient wells.				
b. At least three wells installed hydraulically down-gradient at the limit of the waste management area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Indicate the total number of downgradient wells.				
	<u>3</u>	<u>23</u>	<u>23 wells</u>	_____ _____
c. Are the number, locations, and depths of all wells sufficient to yield groundwater samples that are representative of groundwater under the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Sketch the locations of the wells relative to the waste management area.



#1 upgradient well
#2 Downgradient well
#5 Downgradient well
#10 Downgradient well

YES NO NI. Remarks

- d. Are the monitoring wells constructed in accordance with 265.91(c) (e.g. properly cased, screened, etc.)?
4. Has the owner or operator developed a written groundwater sampling and analysis plan that includes procedures and techniques for: 265.92
- a. Sample collection?
- b. Sample preservation and shipment?
- c. Analytical procedures?
- d. Chain of custody control?
5. Does the owner or operator follow his groundwater sampling and analysis plan?
6. Is the groundwater sampling and analysis plan maintained at the facility?
7. Has the owner or operator determined the concentration or value of all the groundwater monitoring parameters of 265.92(b) in accordance with paragraphs c and d of 265.92?

✓

✓

✓

✓

✓

✓

✓

8. Has the owner or operator developed an outline of a comprehensive groundwater quality assesment program that is capable of determining: 262.93

a. Whether hazardous waste or hazardous waste constituents have entered the groundwater?

b. The rate and extent of migration of hazardous waste or hazardous waste constituents in the groundwater?

c. The concentration of hazardous waste or hazardous waste constituents in the groundwater?

*9. Has the owner or operator performed a statistical analysis of his groundwater monitoring data as required in 265.93(b)?

*10. Was there a statistically significant increase (or pH decrease) detected in any well?

a. If "yes," has the owner or operator responded in accordance with the procedures prescribed in 265.93 paragraphs c through f?

Skip to number 14

11. Has the owner or operator prepared a written groundwater monitoring waiver demonstration for the facility?

a. Is the waiver demonstration maintained at the facility?

b. Has the waiver demonstration been certified by a qualified geologist or geotechnical engineer?

Note: Inspectors should request a copy of the waiver document.

c. Skip questions 12, 13, and 14.

*These requirements do not take effect until the first 6 months after November 19, 1982. The latest date for compliance with these requirements is May 19, 1983.

Full year of testing has not been completed. assessment will follow in Feb or March of 1983



This year is up at this time. There was a delay because they put alternate plan which was rejected so it picked up original monitoring plan

X

X

	YES	NO	NI	Remarks
12. Has the owner or operator submitted an alternate groundwater monitoring system to the Regional Administrator?	_____	_____	_____	_____
a. Has the plan been certified by a qualified geologist or geotechnical engineer?	_____	_____	_____	_____

Note: If the plan for an alternate groundwater monitoring system was not submitted to the Regional Administrator the inspector should request a copy for review.

13. Does the alternate groundwater monitoring plan address the requirements of 265.90(d)?	_____	_____	_____	_____
14. Does the owner or operator submit reports and maintain records as required in 265.94?	_____	_____	_____	_____

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	N.	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>will not estimate years when plan is being</i>
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB. facility monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Applies only to disposal facilities.

Section 1 - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>no ignitable or reactive wastes stored</i>
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>

Section J - TANKS (Part 265, Subpart J)

- | | YES | NO | NI | Remarks |
|--|-------------------------------------|----|------------|---|
| 1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192 | | | <i>N/A</i> | <i>Should not be regulated.</i> |
| 2. Do uncovered tanks have at least 60 cm (2 feet) of free-board, or dikes or other containment structures? | <input checked="" type="checkbox"/> | | | <i>does not always have 2 ft freeboard.</i> |
| 3. Do continuous feed systems have a waste-feed cutoff? | <input checked="" type="checkbox"/> | | | |
| 4. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193 | | | | <i>have analysis after treatment.</i> |
| 5. Are required daily and weekly inspections done? 265.194 | <input checked="" type="checkbox"/> | | | |
| 6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.198 | | | | <i>not reactive</i> |
| 7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.199 | | | | <i>not incompatible</i> |
| 8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes? | | | | |

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

Section K SURFACE IMPOUNDMENTS (Part 265 Subpart K)

	YES	NO	NI	Remarks
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? 265.222		<input checked="" type="checkbox"/>		<i>usually have 3-6 inches</i>
2. Do earthen dikes have protective covers? 265.224				<i>no earthen dikes</i>
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? 265.225				<i>always done material in lagoon</i>
4. Is the freeboard level inspected at least daily? 265.226	<input checked="" type="checkbox"/>			
5. Are the dikes inspected weekly for evidence of leaks or deterioration?	<input checked="" type="checkbox"/>			
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.229				<i>are not reactive or ignitable</i>
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.230				<i>N/A</i>

	YES	NO	NI	Remarks
1. Are waste piles covered or protected from dispersal by wind? 265.251	—	✓	—	Piles are made up of Lagoon dredging approx 12 years old.
2. Is each in-coming movement of waste analyzed before being added to the waste pile? 265.252	—	✓	—	no addition to piles in 12 years
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.253? 265.253	—	✓	—	partial containment
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.256	—	—	—	a severe storm would cause some loss and leaching of materials non reactive & ignitable
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?	—	—	—	N/A
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257	—	—	—	—
7. Are piles of incompatible waste protected by barriers or distance from other waste?	—	—	—	2 piles are too similar

no impervious material underneath the accumulation
(lagoon dredgings which were moved from lagoon base
to completely separate area.

Section M - LAND TREATMENT (Part 265, Subpart M)

	YES	NO	NI	Remarks
1. Is treated hazardous waste capable of biological or chemical degradation? 265.270	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Are run-off and run-on diverted from the facility or collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is waste analyzed according to 265.273?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? 265.278	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility? 265.279	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.) 265.281	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies) 265.282	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section N - LANDFILLS (Part 265, Subpart N)

YES	NO	NI	Remarks
-----	----	----	---------

1. General Operating Requirements 265.302
Does the facility provide the following:

a. Diversion of run-on away from active portions of the fill?

b. Collection of run-off from active portions of the fill?

c. Is collected run off treated?

d. Control of wind dispersal of hazardous waste?

2. Surveying and Recordkeeping 265.309
Does the Operating Record Include:

a. A map showing the exact location and dimensions of each cell?

b. The contents of each cell and the location of each hazardous waste type within each cell?

3. Special requirements for ignitable or reactive waste. Are ignitable or reactive wastes treated so the resulting mixture is no longer ignitable or reactive? (Indicate if waste is ignitable or reactive.) 265.312

4. Special Requirements for Incompatible Wastes. 265.313

Does the owner or operator dispose of incompatible waste in separate cells? (If not, the provisions of 40 CFR 265.17(b) apply.)

Note: If waste is rendered non-reactive or non-ignitable see treatment requirements.
If not, the provisions of 40 CFR 265.17(b) apply.

5. Special requirements for liquid waste
265.314

a. Are bulk or non-containerized liquids placed in the landfill?
If "yes," complete items i, ii, and iii.

i. Does the landfill have a chemically and physically resistant liner system?

ii. Does the landfill have a functional leachate collection system?

iii. Are free liquids stabilized prior to or immediately after placement in the landfill?

b. Have containers holding free liquids been placed in landfill since March 22, 1982?

6. Special requirements for Containers
Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill?
265.315

1. Determination of Steady State

I=incinerator T=thermal

a. Type of unit (i.e., type of incinerator or thermal treatment): _____

b. Components and steady state condition: I 265.343 T 265.373

Was each component at steady state prior to adding waste?

N/A

Component	YES	NO	NI	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Waste Analysis

I 265.345

T 265.375

a. Minimum requirements, for wastes not previously burned/treated.

i. Required analyses; has an analysis been performed for the following?

Heating value

Halogen content

Sulfur content

ii. Has documented or written data been substituted for analysis of either:

Lead?

Mercury:

- b. List other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)

	YES	NO	NI	Remarks
3. <u>Monitoring and Inspections</u> I 265.347 T 265.37				
a. Are combustion/emission control instruments monitored at least every 15 minutes?	_____	_____	_____	_____
b. Is steady state maintained or corrections attempted?	_____	_____	_____	_____
c. Is stack plume observed at least hourly for normal color and opacity?	_____	_____	_____	_____
d. Did any stack observations made by owner or operator show a plume different than normal?**	_____	_____	_____	_____
e. If "yes" to (d) above, were corrections made to return emissions to normal appearance?**	_____	_____	_____	_____
f. Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?	_____	_____	_____	_____

**Specify in Remarks for what period of time this was checked.

- g. Are emergency shutdown controls and system alarms checked daily for proper operation?

4. Open Burning T 265.382 (open burning does not apply to incineration)

- a. Only complete this part if the facility open burns hazardous waste.
- i. Does this facility burn only waste explosives? (A No answer means other hazardous waste is open-burned).

- ii. It this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below)
-

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others	
0 to 100.....	204 m	670 ft
101 to 1,000.....	380 m	1,250 ft
1,001 to 10,000.....	530 m	1,730 ft
10,001 to 30,000.....	690 m	2,260 ft

Section Q - CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (Part 265, Subpart Q)

	YES	NO	NI	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure? 265.401				<i>N/A</i>
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system)?				
3. Has the owner or operator addressed the waste analysis requirements of 265.402?				
4. Are inspection procedures followed according to 265.403?				
5. Are the special requirements fulfilled for ignitable or reactive wastes? 265.405				
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.) 265.406				

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristics under 40 CFR §261.22, or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>20</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. <u>none</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. _____				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	_____	_____	_____	_____
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	_____	_____	_____	_____
3. If required, are placards available to transporters of hazardous waste? 262.33	_____	_____	_____	_____
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	_____	_____	_____	_____
b. Have more than 90 days elapsed since the date inspected in (a)?	_____	_____	_____	_____
c. Do wastes remain in accumulation tanks for more than 90 days?	_____	_____	_____	_____
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	_____	_____	_____	_____

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	_____	_____	_____	_____

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	_____	_____	_____	_____
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

	YES	NO	NT	Remarks
i. Notified the Administrator in writing?	_____	_____	_____	_____
ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	_____	_____	_____	_____
iii. Met the Manifest requirements?	_____	_____	_____	_____
b. Importing Hazardous Waste; has the generator met the manifest requirements?	_____	_____	_____	_____

Appendix TR

YES NO NI Remarks

Section A: SCOPE:

1. Complete this Appendix if the owner or operator transports hazardous waste subject to 40 CFR 263.10.
2. Does the transporter transport hazardous waste into the U.S. from abroad?
3. Does the transporter transport hazardous waste out from the U.S.?
4. Does the transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?

Section B: MANIFEST SYSTEM AND RECORDKEEPING (Part 263, Subpart B)

1. Are copies of completed manifests available for review and retained for three years. 263.22
2. Estimate the number of manifests for shipments completed during the past 6 months.
3. Examine a representative number of manifests. Indicate number examined.
4. Did transporter properly sign and date the manifests examined?
5. Do any manifests indicate shipments delivered to other than the designated facility? 263.21
If (5) is "no," skip 6 and 7.
6. Do any manifests indicate shipments delivered to other than an alternate facility?
7. Are shipments delivered to alternate facilities only because emergency prevents delivery to the designated facility?

have not handled waste in 3 months or more

none - not manifested

MI 0003727

EPA IDENTIFICATION NUMBER
(If Applicable)MID099124299
EPA IDENTIFICATION NUMBER

265.11

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

NOV 0 - 1981

ACT 64

122.7(i)

I. General Information:

(265.74)

- (A) Facility Name: Stanley Tools
- (B) Street: 425 Frank St.
- (C) City: Fowlerville (D) State: MI (E) Zip Code: 48836
- (F) Phone: (517) 223-9154 (G) County: Livingston
- (H) Operator: same as above
- (I) Street: _____
- (J) City: _____ (K) State: _____ (L) Zip Code: _____
- (M) Phone: _____ (N) County: _____
- (O) Owner: The Stanley Works
- (P) Street: 195 Lake St.
- (Q) City: New Britain (R) State: Connecticut (S) Zip Code: 06050
- (T) Phone: (203) 325-5111 (U) County: Hartford
- (V) Date of Inspection: 10-29-81 (W) Time of Inspection (From) 1 pm (To) 5 pm
- (X) Weather Conditions: cool, cloudy

(1) Person(s) Interviewed	Title	Telephone
<u>Albert M. Stock</u>	<u>Plant Engineer</u>	<u>(517) 323-9154</u>
<u>Delia Yacina</u>	<u>Chemist, Conf. Lab.</u>	<u>(203) 225-5111</u>
(2) Inspection Participants	Agency/Title	Telephone
<u>John T. Kraft</u>	<u>Mich DNR / Water-Quality Spec.</u>	<u>(517) 322-1687</u>
(AA) Preparer Information		
Name	Agency/Title	Telephone
<u>John T. Kraft</u>	<u>Mich DNR / WQS</u>	<u>(517) 322-1687</u>

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. Storage and/or Treatment
1. Containers (I)
2. Tanks (J)
3. Surface Impoundments (K)
4. Waste Piles (L) | <input type="checkbox"/> D. Incineration and/or Thermal Treatment
(O and P) |
| <input type="checkbox"/> B. Land Treatment (M) | <input checked="" type="checkbox"/> E. Chemical, Physical, and Biological Treatment (Q) |
| <input type="checkbox"/> C. Landfills (N) | |

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

1. GENERAL FACILITY STANDARD
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source? 265.12(a)	<u> </u>	<u> </u>	<u> </u>	<u>N.A.</u>
2. Facility expansion? 122.23(b)2	<u> </u>	<u> </u>	<u> </u>	<u>N.A.</u>
(b) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste? 265.13(a)	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
2. Does the owner or operator have detailed waste analysis plan on file at the facility? 265.13(b)	<u> </u>	<u>✓</u>	<u> </u>	<u> </u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site? 265.13(c)	<u> </u>	<u> </u>	<u> </u>	<u>N.A.</u>
(C) Security - Do security measures include: (if applicable) 265.14				
1. 24-Hour surveillance? 265.14(b)1	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
2. Artificial or natural barrier around facility? 265.14(b)2	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
3. Controlled entry? 265.14(b)2ii	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
4. Danger sign(s) at entrance? 265.14(c)	<u> </u>	<u>✓</u>	<u> </u>	<u> </u>
(D) Do Owner or Operator Inspections Include:				
265.15				
1. Records of malfunctions? 265.15(a)1	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
2. Records of operator error? 265.15(a)1	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
3. Records of discharges? 265.15(a)1	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>

*Not Inspected

III. GENERAL FACILITY STANDARDS - Continued

265 Subpart E

	Yes	No	NI*	Remarks
4. Inspection schedule: 265.15(a)4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Safety, emergency equipment? 265.15(b)1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Security devices? 265.15(b)1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Operating and structural devices? 265.15(b)1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Inspection log? 265.15(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E) Do personnel training records include: (Effective 5/19/81) 265.16(d)				
1. Job Titles?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Job Descriptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
✓ 3. Description of Training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
✓ 4. Records of Training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Have facility personnel received required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
265.17 1. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. No smoking signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N.A.
3. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

1. Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

✓

265.31

(b) If required, does the Facility
have the Following Equipment:

265.32

1. Internal communications or
alarm systems?

✓

265.32(a)

2. Telephone or 2-way Radios
at the scene of operations?

✓

265.32(b)

3. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

✓

265.32(c)

Indicate the volume of water and/or foam available for fire control:

265.32(d)

Units:

unlimited - city water supply

(C) Testing and Maintenance of
Emergency Equipment:

265.33 Recordkeeping required under 265.15(b)1

1. Has the Owner or Operator
established Testing and
Maintenance Procedures
for Emergency Equipment?

✓

2. Is Emergency Equipment
Maintained in Operable
Conditions?

✓

(D) Has Owner or Operator Provided
Immediate Access to Internal Alarms?
(if needed)

✓

265.34

- (L) Is there adequate aisle space
for unobstructed movement?

265.35

✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

- (A) Does the contingency Plan contain the
following information:

Yes No NI* Remarks

1. The actions facility personnel
must take to comply with
§265.51 and 265.56 in response
to fires, explosions, or any
unplanned release of hazardous
waste? (If the owner has a Spill
Prevention, Control, and Counter-
measures (SPCC) Plan, he needs
only to amend that plan to
incorporate hazardous waste
management provisions that are
sufficient to comply with the
requirements of this Part (as
applicable.)

no contingency plan

2. Arrangements agreed to by local
police departments, fire departments
hospitals, contractors, and State
and local emergency response teams
to coordinate emergency services
pursuant to §265.37?

Names, addresses, and phone
numbers (office and home) of all
persons qualified to act as
emergency coordinators?

265.52(d)

List of all emergency equipment
at the facility which includes the
location and physical description
of each item on the list and a
brief outline of its capabilities?

(e)

Evacuation plan for facility
where there is a possibility
an evacuation could be necessary?
Must describe signal(s)
to begin evacuation,
routes, and alternate
meeting points?

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued
265 Subpart D

	Yes	No	NI*	Remarks
(b) Are copies of the Contingency Plan Available at Site and local Emergency Organizations? 265.53				
(c) Emergency Coordinator 265.55				
1. Is the facility Emergency Coordinator identified?	_____	_____	_____	_____
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	_____	_____	_____	_____
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	_____	_____	_____	_____
(d) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	_____	_____	_____	_____

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING
(Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each Manifest?	✓	_____	_____	_____
2. Are records of past shipments retained for 3 years	✓	_____	_____	_____
265.71(5)				
Does the owner or operator meet requirements regarding Manifest Discrepancies?	_____	_____	_____	N.A.
265.72				

11. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

Operating Record
265.73

1. Does the owner or operator maintain an operating record as required in 265.73?

— ✓ —

2. Does the operating record contain the following information:

**b. The method(s) and date(s) of each wastes treatment, storage, or disposal as required in Appendix I?

— ✓ —

c. The location and quantity of each hazardous waste within the facility?

— ✓ —

***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest numbers if waste was accompanied by a manifest.)

— — —

N/A

e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

— ✓ —

f. Reports detailing all incidents that required implementation of the contingency plan?

— ✓ —

g. All closure and past closure costs as applicable? (Effective 5-19-81)

— ✓ —

** See page 33252 of the May 14, 1980, Federal Register.

*** Only applies to disposal facilities

V.I. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Closure Plan Available for Inspection by May 19, 1981? 265.112(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>In progress of being written</u>
2. Has this plan been submitted to the Regional Administrator 265.112(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has Closure begun? 265.112(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is closure estimate available by May 19, 1981? 265.142	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Post Closure Care and Use of Property				
Has the Owner or Operator supplied a Post Closure Monitoring Plan (by May 19, 1981)? 265.117	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Yes</u>

* IX. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name:	<u>Stanley Tools</u>		Date of Inspection:	<u>10-27-81</u>	
	Yes	No	NI*	Remarks	
1. Are containers in good condition? 265.171	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>	
2. Are containers compatible with waste in them? 265.172	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>	
3. Are containers stored closed? 265.173(a)	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>	
4. Are containers managed to prevent leaks? 265.173(b)	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>	
5. Are containers inspected weekly for leaks and defects? 265.174	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>	
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? 265.176	<u>✓</u>	<u> </u>	<u> </u>	<u>Indicate if waste is: <input type="checkbox"/> Ignitable, <input checked="" type="checkbox"/> Reactive</u>	

*Not Inspected

Yes No NI* Remarks

7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)

✓

265.177(a)

8. Are containers of incompatible wastes separated or protected from each other physical barriers or sufficient distance?

✓

265.177(c)

J
TANKS

Facility Name: Stanley Tools

Date of Inspection: 10-29-81

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?

✓

265.192(b)

2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?

✓

265.192(c)

3. Do continuous feed systems have a waste-feed cutoff?

✓

265.192(d)

4. Are waste analyses done before the tanks are used to store a substantially different waste than before?

no different waste
N.A. yet stored

265.193(a)

5. Are required daily and weekly inspections done?

✓

265.194

6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

Indicate if waste is: ☐ Ignitable

☒ Reactive

✓

265.198, 265.17

7. Are incompatible waste stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)

✓

265.199

3. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: _____ gallons

N.A.

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(See table 2 - 1 through 2 - 6 of NRPA's "Flammable and Combustible Code - 1977" to determine compliance.)

K
SURFACE IMPOUNDMENTS

Facility Name: Stanley Tools

Date of Inspection: _____

1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?

265.222

____ ☒ ____

2. Do earthen dikes have protective covers?

265.223

____ ☒ ____

3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?

265.225(a)

____ ☐ ____ *N.A. no different wastes yet stored*

4. Is the freeboard level inspected at least daily?

265.226(a)1

____ ☒ ____

5. Are the dikes inspected weekly for evidence of leaks or deterioration?

265.226(a)2

____ ☒ ____

6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

265.299(a)1

____ ☒ ____

7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)

265.230

____ ☐ ____ *N.A.*

L
WASTE PILES

NA.

Facility Name: _____

Date of Inspection: _____

	Yes	No	NI*	Remarks
1. Are waste piles covered or protected from the wind? 265.251	_____	_____	_____	_____
2. Is each in-coming movement of waste analyzed before being added to the waste pile? 265.252	_____	_____	_____	_____
3. Are leachate, run-off, and run-on controlled? (The effective date of this provision is Nov. 19, 1981.) 265.253	_____	_____	_____	_____
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.256(a)1	_____	_____	_____	_____
<i>Indicate if waste is: <input type="checkbox"/> Ignitable, <input type="checkbox"/> Reactive</i>				
5. Are piles of reactive or ignitable waste protected? 265.256(a)2	_____	_____	_____	_____
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257(a)	_____	_____	_____	_____
7. Are piles of incompatible waste protected by barriers or distance from other waste? 265.257(b)	_____	_____	_____	_____

M
LAND TREATMENT

N.A.

Facility Name: _____ Date of Inspection: _____

1. Is hazardous waste ^{treated} capable of biological or chemical degradation? _____
2. 265.272(a)
Are run-off and run-on diverted from the facility or collected (Effective date: November 19, 1981)? _____
3. 265.272(b & c)
Is waste analyzed according to 265.273? _____
4. 265.13
If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276? _____
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? _____
6. 265.278(a)
Does the unsaturated zone monitoring plan address the minimum information specified in 265.278? _____
7. *Are records kept regarding application dates, ~~and~~ rates, quantities, and locations of all hazardous waste placed in the facility?* _____
8. 265.279
Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? *Indicate if waste is:* ☐ Ignitable ☐ Reactive

9. 265.281
Are incompatible wastes land treated? (If yes, 265.17(b) applies)
265.282

*Not Inspected

N
LANDFILLS

N.A.

Facility Name: _____ Date of Inspection: _____

	Yes	No	NI*	Remarks
(A) General Operating Requirements				
Does the facility provide the following:				
**1. Diversion of run-on away from active portions of the fill? 265.302(a)	_____	_____	_____	_____
**2. Collection of run-off from active portions of the fill? 265.302(b)	_____	_____	_____	_____
**3. Is collected run off treated? 265.302(b)	_____	_____	_____	_____
4. Control of wind disposal of hazardous waste? 265.302(d)	_____	_____	_____	_____
(**Effective 11-19-81)				
(B) Surveying and Recordkeeping				
Does the Operating Record Include:				
1. A map showing the exact location and dimensions of each cell? 265.309(a)	_____	_____	_____	_____
2. The contents of each cell and the location of each hazardous waste type-within each cell? 265.309(b)	_____	_____	_____	_____
(C) Closure and Post-Closure				
1. Is the Closure Plan available for inspection by 5-19-81? 265.112(a)	_____	_____	_____	_____
2. Has this plan been submitted to the Regional Administrator? 265.112(c)	_____	_____	_____	_____
3. Has Closure begun? 265.112(c)	_____	_____	_____	_____
4. Is Closure cost estimate available by 5-19-81? 265.142(a)	_____	_____	_____	_____
(D) Special requirements for ignitable or reactive waste				
Are ignitable or reactive wastes treated so the resulting mixture is no longer ignitable or reactive? 265.312				

	Yes	No	NI*	Remarks
(If waste is rendered non-reactive or non-ignitable see treatment requirements)				
If not, the provisions of 40 CFR 265.17(b) apply.				
(E) Special requirements for Incompatible wastes.				
Does the owner or operator dispose of incompatible wastes in separate cells?				
265.313				
If not, the provisions of 40 CFR 265.17(b) apply.				
(F) Special requirements for liquid waste (effective 11-19-81)				
1. Are bulk or non-containerized liquids placed in the landfill?				
265.314(a)				
2. Does the landfill have a chemically and physically resistant liner system?				
265.314(a)1				
3. Does the landfill have a functional leachate collection system?				
265.314(a)1				
4. Are free liquids stabilized prior to or immediately after placement in the landfill?				
265.314(a)2				
(G) Special requirements for Containers (effective 11-19-81)				
Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill?				
265.315(a)				

*Not Inspected

O and P
INCINERATION and THERMAL TREATMENT

N.A.

(A) Facility Name: _____

(B) Date of Inspection: _____

I. Determination of Steady State

A. Type of unit (i.e., type of incinerator or thermal treatment:): _____

B. Components and steady state condition: I 265.343 Th 265.373

**** Was this component at SS prior to adding waste?

Component	Yes	No	NI*	Remarks
-----------	-----	----	-----	---------

1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

II. Waste Analysis

265.13

A. Minimum requirements, for wastes not previously burned/treated.

1. Required analyses; has an analysis been performed for the following:	Yes	No	NI*	Remarks
I 265.345 Th 265.375				
a. Heating value	_____	_____	_____	_____
b. Halogen content	_____	_____	_____	_____
c. Sulfur content	_____	_____	_____	_____

Yes No NI* Remarks

2. Documented, written data may be substituted for analysis for these. Are either present for: I 265.345 Th 265.375

a. Lead?

b. Mercury?

- D. Other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested for.)

Remarks

1. _____
2. _____
3. _____
4. _____
5. _____

III. Monitoring and Inspections

	Yes	No	NI*	Remarks
A. Combustion/emission control instruments monitored at least every 15 minutes I 265.345(a)1 Th 265.377(a)1	_____	_____	_____	_____
B. Steady state maintained or corrections attempted? I 265.347(a)1 Th 265.377(a)1	_____	_____	_____	_____
C. Stack Plume observed at least hourly for normal color and opacity? I 265.347(a)2 Th 265.377(a)2	_____	_____	_____	_____
D. Did any stack observations made by owner or operator show a plume different than normal?*** I 265.347(a)2 Th 265.377(a)2	_____	_____	_____	_____
E. If yes to D above, were corrections made to return emissions to normal appearance?*** I 265.347(a)2 Th 265.377(a)2	_____	_____	_____	_____
F. Complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions? I 265.347(a)3 Th 265.377(a)3	_____	_____	_____	_____
G. Emergency shutdown controls, system alarms checked daily for proper operation? I 265.347(a)3 Th 265.377(a)3	_____	_____	_____	_____

*Not Inspected

**Specify in Remarks for what period of time this was checked.

IV. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

	Yes	No	NI*	Remarks
1. Does this facility burn <u>only</u> waste explosives? (A <u>No</u> answer means <u>other</u> hazardous waste is open-burned.) 265.382	_____	_____	_____	_____
2. If this facility open-burns waste explosive, does it burn the waste at a distance greater than or equal to the minimum specified distance (below) 265.382	_____	_____	_____	_____

265.382

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others	
0 to 100.....	204 m	670 ft
101 to 1,000.....	380 m	1,250 ft
1,001 to 10,000.....	530 m	1,730 ft
10,001 to 30,000.....	690 m	2,260 ft

Q CHEMICAL, PHYSICAL and BIOLOGICAL TREATMENT

Facility Name: Stanley Tools

Date of Inspection: 10-29-81

	yes	No	NI*	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure?	<u>✓</u>	_____	_____	_____
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system?)	<u>✓</u>	_____	_____	_____

	Yes	No	NI*	Remarks
4. Has the owner or operator addressed the waste analysis requirements of 265.402?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are inspection procedures followed according to 265.403?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are the special requirements fulfilled for ignitable or reactive wastes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.22 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the Manifest available for review? 262.23(a)3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Do the Manifest forms reviewed contain the following information: (If possible, make copies of/or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number? 262.21(a)1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name, mailing address, telephone number, and EPA ID Number of Generator 262.21(a)2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)? 262.21(a)3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility? 262.21(a)4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)? 262.21(a)5 DOT information in CFR 49 172.101, 172.202 and 172.203	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded? 262.21(a)6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required Certification? 262.21(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required Signatures? 262.23(a)1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the Owner or Operator Submit Exception Reports when Needed? 262.42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	<i>none yet needed</i>

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off site) 262.30 49 CFR Parts 173.178 and 179	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Are waste packages marked and labeled in accordance with DOT Regulations concerning hazardous waste materials? (Required to movement of hazardous waste off site) 262.31 49 CFR Part 172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) If required, are placards available to transfer? 262.33 49 CFR Part 172, Subpart F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Unit Section 3 if the facility has interim status and its Part A permit application describes storage

3. On Site Accumulation

	Yes	No	NI*	Remarks
1. Are containers marked with start of accumulation date? 262.34(a)3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days 262.34(a)1 If no, the facility must be storage or disposal facility 262.34(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers; containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If wastes are stored in tanks, are the tanks managed according to the following requirements?				
a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank? 265.192(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, dikes, or other containment structures? 265.192(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do continuous feed systems have a waste-feed cutoff? 265.192(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are required daily and weekly inspections done? 265.194	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements? 265.198, 265.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply) 265.199	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VI. RECORDKEEPING and REPORTING
(Part 262, Subpart D)

	Yes	No	NI*	Remarks
(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years? 265.71(a)5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Has the Generator submitted Annual Reports and Exception Reports as required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1st report not due yet

VII. INTERNATIONAL SHIPMENTS
(Part 262, Subpart E)

(A) Has the installation imported or exported Hazardous Waste? 262.50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	-------------------------------------	--------------------------	--

(If A was answered Yes, then complete the following as applicable.)

NI

1. Exporting Hazardous waste, has a generator:				
a. Notified the Administrator in writing? 262.50(b)1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country? 262.50(b)2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Met the Manifest requirements? 262.50(b)3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Importing Hazardous Waste, has the generator: 262.50(d)				
a. Met the manifest requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

N.A.

Complete this Section if the owner or operator transports hazardous waste.

I. MANIFEST SYSTEM AND RECORDKEEPING
(Subpart B)

Yes No NI* Remarks

Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?

263.22(a)

II. INTERNATIONAL SHIPMENTS

Does the Transporter record on the manifest the date the waste left the U.S.?

263.20(f)1

Are signed completed manifest(s) on file?

263.22(a) and 263.20(f)2

V. MISCELLANEOUS

Does Transporter transport hazardous waste into the U.S. from abroad

263.10(c)1

Does the Transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?

263.10(c)2

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator regulations.

263.10(c)

Not Inspected

REMARKS

e this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

REMARKS:

